



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000849388

2. Name of Corporation MMHC

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1808 MAIN ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE PROFESSIONAL COUNSELING AND THERAPEUTIC SERVICES FOR MENTAL HEALTH CLIENTS ON AND OFF SITE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREN GIROUX	125 LAKE ST ST ALBANS, VT 05478 USA
TREASURER	PETER LANG	92 ADAMS ST BURLINGTON, RI 05401 USA

VICE PRESIDENT	ROBERT DUWORS	1808 MAIN RD TIVERTON, RI 02878 USA
DIRECTOR	ROBERT DUWORS	1808 MAIN RD. TIVERTON, RI 02878 USA
DIRECTOR	KAREN GIROUX	125 LAKE ST ST. ALBANS, , VT 05478 USA
DIRECTOR	PETER LANG	92 ADAMS ST BURLINGTON, VT 05401 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NEVILLE BEDFORD 321 SOUTH MAIN STREET, #500 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of May, 2016 at 5:41:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By /S/ NEVILLE BEDFORD
Signature of Authorized Person

Form No. 631
Revised 09/07