



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

**Non-Profit Corporation Annual Report for the year: 2016**

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
124396		New England Association of Drug Court Professionals	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		The establishment, operation and support of adult and juvenile drug courts in N.E.	
5. Principal Office Address		City	State
One Dorrance Plaza		Providence	RI
		Zip	02903
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name ROBERT ZIEMIAN		Vice-President Name JEANNE E. LAFAZIA	
Street Address 535 EAST BROADWAY		Street Address ONE DORRANCE PLAZA	
City SOUTH BOSTON	State MA	Zip 02127	City PROVIDENCE
			State RI
			Zip 02903
Secretary Name CHRISTINE O'CONNELL		Treasurer Name ALEX CASALE	
Street Address 222 QUAKER LANE - SUITE 100		Street Address 259 COUNTY FARM ROAD - SUITE 103	
City WARWICK	State RI	Zip 02886	City DOVER
			State NH
			Zip 03820
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name ROBERT SAND		Director Name TINA NADEAU	
Street Address P.O. BOX 96		Street Address 45 CHENELL DRIVE - SUITE 1	
City SOUTH ROYALTON	State VT	Zip 05068	City CONCORD
			State NH
			Zip 03301
Director Name RICK OTTO		Director Name	
Street Address 50 STATE STREET		Street Address	
City ELLSWORTH	State ME	Zip 04605	City
			State
			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
JEANNE E. LAFAZIA			5-23-16
Signature of Officer/Authorized Representative			
<i>Jeanne E. Lafazia</i> SIGN DOCUMENT HERE			

**FILED**

MAY 25 2016

By 275134

KCM