



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. 000028381

2. Name of Corporation Mental Health Association of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 345 BLACKSTONE BLVD

City or Town: PROVIDENCE

State: RI Zip: 02906 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

THE PROMOTION OF GOOD MENTAL HEALTH, THE PREVENTION OF MENTAL ILLNESS AND THE IMPROVEMENT OF MENTAL HEALTH SERVICES IN RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	WILLIAM J. WATERS PH.D.	157 PLEASANT ST. RUMFORD, RI 02916 USA
TREASURER	JOHN MORAN	590 MAUREEN CIRCLE MAPLEVILLE, RI 02839 USA

SECRETARY	CHRISTINE BROWN	1011 VETERAN'S MEMORIAL PARKWAY EAST PROVIDENCE, RI 02906 USA
CEO	RUTH FEDER	59 LARCH RD. EA. GREENWICH, RI 02818 USA
VICE PRESIDENT	JULIA STEINY	38 FOREST ST. PROVIDENCE, RI 02906 USA
DIRECTOR	ERNESTINE JENNINGS	164 SUMMIT AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	CHRISTIAN STEPHENS	22 HIGHLAND ST. MILFORD, MA 01757 USA
DIRECTOR	J. CLEMENT CICILLINE M.S.	100 RHODE ISLAND AVE. NEWPORT, RI 02840 USA
DIRECTOR	MEGAN CLINGHAM ESQ.	3 MODENA DR. WARWICK, RI 02886 USA
DIRECTOR	JOSEPH CONTRERAS	38 MARLOW ST. CRANSTON, RI 02920 USA
DIRECTOR	MARY GERALDINE HARRINGTON	252 MONTGOMERY AVE. CRANSTON, RI 02905 USA
DIRECTOR	BOB ANDRADE	1 ANCHOR WAY RIVERSIDE, RI 02915 USA
DIRECTOR	DOUG ARNOLD	91 COTTAGE ST. MANSFIELD, MA 02048 USA
DIRECTOR	DANIEL J. MCCARTHY	95 WALDEN WAY CRANSTON, RI 02921 USA
DIRECTOR	ANN M. VARNA GARIS	3055 ANDERSON DR DIGHTON, MA 02715 USA
DIRECTOR	RUTH WINOGRAD	17 TAFT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	WAYLAN TUCKER	201 WENTWORTH AVE. PROVIDENCE, RI 02905 USA
DIRECTOR	JOSEPH BEVILACQUA	51 BURCHARD AVE LITTLE COMPTON, RI 02837 USA
DIRECTOR	NICHOLAS TROTT LONG	54 TAYLOR'S LANE LITTLE COMPTON, RI 02837 USA
DIRECTOR	RICHARD C. ANTONELLI MSW	139 LANSDOWNE RD. WARWICK, RI 02888 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**

WILLIAM WATERS 345 BLACKSTONE BLVD. PROVIDENCE , RI 02906

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

Signed this 2 Day of June, 2016 at 2:13:29 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 RUTH FEDER
Signature of Authorized Person

Form No. 631
Revised 09/07

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