



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. 000027420

2. Name of Corporation Newport County Community Mental Health Center, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 127 JOHNNY CAKE HILL ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 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

MENTAL HEALTH SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	STEPHEN P. ERICKSON	25 PARADISE BROOK FARM ROAD MIDDLETOWN, RI 02842 USA
TREASURER	DAVID L KELLY	828 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02914 USA
SECRETARY	BARBARA AUDINO	284 SEA MEADOW DRIVE

		PORTSMOUTH, RI 02871 USA
CEO	JAMES M. LEHANE	213 TUCKERMAN AVENUE MIDDLETOWN, RI 02842 USA
CFO	STEPHANIE COSTA	81 RANDOLPH AVENUE TIVERTON, RI 02878 USA
VICE PRESIDENT	JUDY JONES	20 BATEMAN AVENUE NEWPORT, R 02840 USA
DIRECTOR	JOSEPH R PALUMBO	276 MEADOW LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	MICHAEL A LICHTENSTEIN	45 CORRONADO STREET JAMESTOWN, RI 02835 USA
DIRECTOR	VARINA S GUNN	27 CHAPEL STREET APT. C NEWPORT, RI 02840 USA
DIRECTOR	JANICE D VASHON	1 BOURBON STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	JULIE TOLAND	28 AYRAULT STREET NEWPORT, RI 02840 USA
DIRECTOR	JOYCE KIRBY	51 AYRAULT STREET NEWPORT, RI 02840 USA
DIRECTOR	COLLEEN MEDEIROS	184 JOHN CLARKE ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	INNA NOBLE	2 OSBORNE COURT APT. 3 NEWPORT, RI 02840 USA
DIRECTOR	BARBARA WINKLER	17 EVERETT STREET NEWPORT, RI 02840 USA
DIRECTOR	HELEN DE ST.JORRE	P.O. BOX 3315 NEWPORT, RI 02840 USA
DIRECTOR	JOSEPH J NICHOLSON	P.O. BOX 131 NEWPORT, RI 02840 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**

JAMES M. LEHANE 127 JOHNNYCAKE HILL ROAD MIDDLETOWN , RI 02842

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

Signed this 6 Day of June, 2016 at 1:24:54 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 JAMES M. LEHANE
Signature of Authorized Person

