



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.** 000769043

**2. Name of Corporation** Rhode Island Recovery Housing and Supportive Services

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 63 SCENERY LANE

City or Town: JOHNSTON

State: RI

Zip: 02919

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 TRANSITIONAL HOUSING FOR THOSE RECOVERING FROM SUBSTANCE ABUSE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|--|--|
| PRESIDENT      | LISA E ANDERSON                                | 63 SCENERY LN<br>JOHNSTON , RI 02919 USA                   |
| VICE PRESIDENT | LOIS MARANDOLA                                 | 11 BROWN AVE<br>JOHNSTON, RI 02919 USA                     |

DIRECTOR

KYLE ANDERSON

63 SCENERY LN  
JOHNSTON , RI 02919 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**

LISA ANDERSON 63 SCENERY LANE JOHNSTON , RI 02919

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

**Signed this 20 Day of June, 2016 at 3:56:58 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 LISA ANDERSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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