



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

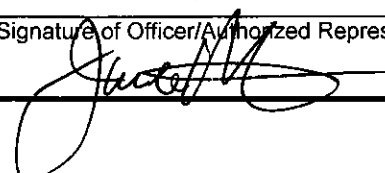
Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 DEC 23 PM 3:14

1. Entity ID Number 000056479		2. Exact name of the Corporation Mental Health Consumer Advocates of Rhode Island Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Mental health peer to peer support for persons living with serious mental illness			
5. Principal Office Address 1280 No. Main St.		City Providence		State RI	Zip 02859
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name See Attached			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative James P McNulty				Date 12-23-2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

DEC 23 2016

BY CM 291657

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

56479

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