

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

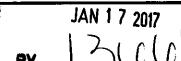
→ Penalty: Additional \$25.00 fe	ee if form is no	ot filed by April 1.				
1. Entity ID Number	2. Exact name of the Corporation					
92035	Addiction Recovery Institute South, Inc.					
3. Principal Office Address			City		State	Zip
206 Halene Road			Warwick		RI	02835
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
62 - Health Care and Social Ass	Methadone maintenance and counseling clinic					
5. State of Incorporation						
RI						
7. List ALL officers (names and add	resses)		D		the box to ind	icate an attachment
President Name Eileen Hoff			Vice-Presiden	t Name		
Street Address 2304 Jesse Owens	Street Address					
^{City} Austin	State TX	^{Zip} 78748	City		State	Zip
Secretary Name Gordon P. Cleary			Treasurer Name Jeanne H. O'Reifly			
Street Address 129 River Run Road			Street Address 57 Stonegate Drive			
^{City} Middletown	State RI	^{Zip} 02842	City Portsmouth		State RI	^{Zip} 02871
List ALL directors (names and ac	idresses)			Check	the box to ind	icate an attachment
Director Name Eileen Hoff			Director Name	Jeanne H. O'Reilly		
Street Address 2304 Jesse Owens	Drive		Street Address	^s 57 Stonegate Drive		
City Austin	State TX	^{Zip} 78748	City Portsmouth		State RI	^{Zip} 02871
Director Name Gordon P. Cleary			Director Name			
Street Address 129 River Run Road			Street Address			
City Middletown	State RI	^{Zip} 02842	City		State	Zip
9. Shares Authorized 10. Shares Is						
This information is currently of record in the Department of State.		NUMBER OF	FSHARES	CLASS/SERIES Common		
Changes require an additional filing.						
11. This report must be executed or					ration is in the	hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of re and affirm to	the corporation by hat I have examine	the receiver or tr ed this report, i	ustee. ncluding any accom	panying sch	edules and
statements, and that all statemen	nts contained	herein are true an	d correct.			
Name of Authorized Representative	;				Date 17	
Eileen Hoff - President			Ai.	- Bis	1 11 '	<u> </u>
Signature of Authorized Representa	ative	SIGN DOC	MENTHE	RE FILE)	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



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FORM 630 - Revised: 10/2016

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