



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 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 71680		2. Exact name of the Corporation Addiction Recovery Institute, Inc.			
3. Principal Office Address 31 North Union Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island Methadone maintenance and counseling clinic			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Eileen Hoff			Vice-President Name		
Street Address 2304 Jesse Owens Drive			Street Address		
City Austin	State TX	Zip 78748	City	State	Zip
Secretary Name Gordon P. Cleary			Treasurer Name Jeanne H. O'Reilly		
Street Address 129 River Run Road			Street Address 57 Stonegate Drive		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Eileen Hoff			Director Name Jeanne H. O'Reilly		
Street Address 2304 Jesse Owens Drive			Street Address 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Eileen Hoff - President					Date 1/12/17
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 17 2017
BY **19451 DS**

FORM 630 - Revised: 10/2016