



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 <b>71680</b>		2. Exact name of the Corporation <b>Addiction Recovery Institute, Inc.</b>			
3. Principal Office Address <b>31 North Union Street</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>62 - Health Care and Social As</b>		6. Brief description of the character of business conducted in Rhode Island <b>Methadone maintenance and counseling clinic</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Eileen Hoff</b>			Vice-President Name		
Street Address <b>2304 Jesse Owens Drive</b>			Street Address		
City <b>Austin</b>	State <b>TX</b>	Zip <b>78748</b>	City	State	Zip
Secretary Name <b>Gordon P. Cleary</b>			Treasurer Name <b>Jeanne H. O'Reilly</b>		
Street Address <b>129 River Run Road</b>			Street Address <b>57 Stonegate Drive</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Eileen Hoff</b>			Director Name <b>Jeanne H. O'Reilly</b>		
Street Address <b>2304 Jesse Owens Drive</b>			Street Address <b>57 Stonegate Drive</b>		
City <b>Austin</b>	State <b>TX</b>	Zip <b>78748</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>Gordon P. Cleary</b>			Director Name		
Street Address <b>129 River Run Road</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Eileen Hoff - President</b>					Date <b>1/12/17</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE <b>FILED</b>					

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