



**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: 2017

1. Corporate ID No. 000083609

2. Name of Corporation SSTAR of Rhode Island, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 80 EAST STREET
City or Town: CRANSTON State: RI Zip: 02920 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 COMPREHENSIVE COMMUNITY BASED SERVICES FOR THE PREVENTION, TREATMENT AND CONTROL OF 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ARTHUR SAMPSON	164 SUMMIT AVE. PROVIDENCE, RI 02906 USA
TREASURER	PATRICIA HAYES	465 SPRING ST. NEWPORT, RI 02840 USA
SECRETARY	PATRICIA HAYES	465 SPRING ST. NEWPORT, RI 02840 USA
VICE PRESIDENT	LUBA DUMENCO MD	127 HIGHLAND RD. TIVERTON, RI 02878 USA
DIRECTOR	ARTHUR SAMPSON	164 SUMMIT AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	LUBA DUMENCO MD	127 HIGHLAND RD. TIVERTON, RI 02878 USA
DIRECTOR	J. GREGORY PRIOR	100 SAKONNET POINT RD. LITTLE COMPTON, RI 02837 USA
DIRECTOR	PATRICIA HAYES	465 SPRING ST. NEWPORT, RI 02840 USA
DIRECTOR	WILLIAM H. HUTSON PH.D.	BOX 221 LITTLE COMPTON, RI 02837 USA
DIRECTOR	BARBARA MURRAY	803 LAKE RD. TIVERTON, RI 02878 USA
DIRECTOR	MICHAEL STEIN MD	345 BLACKSTONE BLVD. PROVIDENCE, RI 02906 USA
DIRECTOR	JON BRETT	22 SEAFARE LANE PORTSMOUTH, RI 02837 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**

PATRICIA N. EMSELLEM 80 EAST STREET CRANSTON , RI 02920

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

Signed this 31 Day of May, 2017 at 12:15:54 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 PATRICIA HAYES
Signature of Authorized Person

Form No. 631
Revised 09/07

