RI SOS Filing Number: 201744856560 Date: 6/5/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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.

1. Entity ID Number	2. Exact name of the Corporation
124396	**New England Association of Drug Court Professionals**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**The establishment, operation and support of adult and juvenile drug courts in New England.**

5. Principal Office Address	City	State	Zip
One Dorrance Plaza	**Providence**	**RI**	**02903**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **ROBERT ZIEMIAN**			Vice-President Name **JEANNE E. LAFAZIA**		
Street Address **535 EAST BROADWAY**			Street Address **ONE DORRANCE PLAZA**		
City **SOUTH BOSTON**	State **MA**	Zip **02127**	City **PROVIDENCE**	State **RI**	Zip **02903**
Secretary Name **CHRISTINE O'CONNELL**			Treasurer Name **ALEX CASALE**		
Street Address **222 QUAKER LANE - SUITE 100**			Street Address **45 CHENELL DRIVE**		
City **WARWICK**	State **RI**	Zip **02886**	City **CONCORD**	State **NH**	Zip **03301**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **TINA NADEAU**			Director Name **ELIZABETH SIMONI**		
Street Address **45 CHENELL DRIVE**			Street Address **9 GREEN STREET - SUITE 3-A**		
City **CONCORD**	State **NH**	Zip **03301**	City **AUGUSTA**	State **ME**	Zip **04330**
Director Name **ROBERT SAND**			Director Name		
Street Address **P.O. BOX 96**			Street Address		
City **SOUTH ROYALTON**	State **VT**	Zip **05068**	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	Date
JEANNE E. LAFAZIA	4.27.17.

Signature of Officer/Authorized Representative

FILED

JUN 05 2017

BY 1467

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: 02/2017