



**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. 000028381

2. Name of Corporation Mental Health Association of Rhode Island

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

813319

4. Corporate Address in Rhode Island

No. and Street: 345 BLACKSTONE BLVD

City or Town: PROVIDENCE

State: RI

Zip: 02906

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

THE PROMOTION OF GOOD MENTAL HEALTH, THE PREVENTION OF MENTAL ILLNESS AND THE IMPROVEMENT OF MENTAL HEALTH SERVICES IN RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | J. CLEMENT CICILLINE M.S. | 100 RHODE ISLAND AVE. NEWPORT, RI 02840 USA |
| TREASURER | ROBERT ANDRADE | 1 ANCHOR WAY RIVERSIDE, RI 02915 USA |
| SECRETARY | CHRISTINE BROWN | 1011 VETERAN'S MEMORIAL PARKWAY EAST PROVIDENCE, RI 02906 USA |
| CEO | RUTH FEDER | 59 LARCH RD. EA. GREENWICH, RI 02818 USA |
| VICE PRESIDENT | JULIA STEINY | 38 FOREST ST. PROVIDENCE, RI 02906 USA |
| DIRECTOR | ERNESTINE JENNINGS | 164 SUMMIT AVE. PROVIDENCE, RI 02906 USA |
| DIRECTOR | CHRISTIAN STEPHENS | 22 HIGHLAND ST. MILFORD, MA 01757 USA |
| DIRECTOR | NICHOLAS TROTT LONG | 54 TAYLOR'S LANE LITTLE COMPTON, RI 02837 USA |
| DIRECTOR | RICHARD C. ANTONELLI MSW | 139 LANSDOWNE RD. WARWICK, RI 02888 USA |
| DIRECTOR | JOSEPH CONTRERAS | 38 MARLOW ST. CRANSTON, RI 02920 USA |
| DIRECTOR | MARY GERALDINE HARRINGTON | 252 MONTGOMERY AVE. CRANSTON, RI 02905 USA |
| DIRECTOR | BOB ANDRADE | 1 ANCHOR WAY RIVERSIDE, RI 02915 USA |
| DIRECTOR | DOUG ARNOLD | 91 COTTAGE ST. MANSFIELD, MA 02048 USA |
| DIRECTOR | MEGAN CLINGHAM ESQ. | 3 MODENA DR. WARWICK, RI 02886 USA |
| DIRECTOR | ANN M. VARNA GARIS | 3055 ANDERSON DR DIGHTON, MA 02715 USA |
| DIRECTOR | RUTH WINOGRAD | 17 TAFT AVE PROVIDENCE, RI 02906 USA |
| DIRECTOR | WILLIAM J. WATERS PH.D. | 157 PLEASANT ST. RUMFORD, RI 02916 USA |
| DIRECTOR | JOSEPH COFFEY | 41 ROBERT AVE. EAST GREENWICH, RI 02818 USA |
| DIRECTOR | H. REED COSPER | 72 EVERGREEN ST. PROVIDENCE, RI 02906 USA |
| DIRECTOR | INES GARCIA | 49 BYRON ST. NO. PROVIDENCE, RI 02911 USA |
| DIRECTOR | JESSICA LITWIN | #4512 REAR PARKER ST. BOSTON, MA 02115 USA |
| DIRECTOR | SHANNON O'NEILL PH.D. | BROWN UNIVERSITY, BOX 1828, UNIVERSITY HALL 201 PROVIDENCE, RI 02912 USA |
| DIRECTOR | NANCY THOMAS | 38 BUTTONWOOD DRIVE CRANSTON, RI 02920 USA |

RUTH FEDER 345 BLACKSTONE BLVD. PROVIDENCE , RI 02906

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

Signed this 8 Day of June, 2017 at 2:41:50 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 RUTH FEDER
Signature of Authorized Person

Form No. 631
Revised 09/07

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