RI SOS Filing Number: 201748772460 Date: 8/25/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017	
Non-Profit Corporation		
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- -> 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					
29943	CODAC, INC.						
3. State of Incorporation	5. Brief descri	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	Substance Abuse Treatment and Prevention.						
4. NAICS Code	-						
622210 -Psychiatric and Subst							
6. Principal Office Address			City	State	Zip		
1052 Park Street		Cranston	RI	02910			
7. List ALL officers (names and a	ddresses)			Check the box to indicat			
President Name Sandra DelSesto			Vice-President Name lan Knowles				
Street Address 39 Glen Ridge Road			Street Address 24 Crestmont Dr.				
City Cranston	State RI	Zip 02920	City Richmond	State RI	^{Zip} 02812		
Secretary Name Noah Benedict, F	Rhode Island Pri	mary Care	Treasurer Name Kenneth	į.			
Street Address 1150 New London Ave.		Street Address 36 Western Industrial Dr.					
City Cranston	State RI	^{Zip} 02842	City Cranston	State RI	^{Zip} 02921		
8. List ALL directors (names and a					- U2921		
		rporations mus i	ilst at least THREE directors.	Check the box to indi	cate an attachment		
Director Name Julia O'Halloran			Director Name Michael Fa	Director Name Michael Farina			
Street Address 22 Esplanade			Street Address 15 Red Berry Circle				
City Middletown	State RI	Zip 02842	City Cranston	State RI	Zip 02921		
Director Name Peter Friedman, MD			Director Name				
Street Address 66 Oriole Ave.			Street Address				
City Providence	State RI	^{Zip} 02906	City	State	Zip		
). Registered Agent in Rhode Islar	nd. This information	is currently of recor	d in the Department of State. Ch	anges require filing Form 6			
Inder penalty of perjury, I decla	re and affirm tha	t I have examine	d this report, including any	accompanying sched	ules and		
tatements, and that all stateme his report must be signed by either the Pre	nts contained ne	erein are true and	f correct.				
lame of Officer/Authorized Repres		Secretary, Assistant Se	ecretary, Treasurer, duly Authorized R		stee.		
LINOA H	urleu	thes	CEC.	Date 8-1	6-17		
ignature of Officer/Authorized Rep	resentative	\	FIL	ED			
1X-do			ALIC (2.5.2017			
ALL TO: vision of Business Services			AUG	100 T	\sim		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov