



**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.** 000248690

**2. Name of Corporation** Therapy Missions

**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

813212

**4. Corporate Address in Rhode Island**

No. and Street: 35 ANN DRIVE  
City or Town: EAST GREENWICH State: RI Zip: 02818 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 REHABILITATION EDUCATION CONSULTATION AND TRAINING TO PARAPROFESSIONALS AND FAMILY CAREGIVERS OF DISABLED CHILDREN AND ADULTS IN REGIONS OF THE WORLD WHERE REHABILITATION SERVICES ARE SCARCE OR NON-EXISTENT.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CAROL A DOEHLER	35 ANN DRIVE EAST GREENWICH, RI 02818 USA
TREASURER	ROCCO DELEONARDIS	11480 SUNSET HILLS RD RESTON, VA 20190 USA
SECRETARY	CINDY KIEF	5731 LOFTY VIEW CINCINNATI, OH 45247 US
VICE PRESIDENT	JANET JACOBS	1208 STATION CIRCLE DEDHAM, MA 02026 USA
DIRECTOR	MARC KOVIC	5754 RED OAK DR HOFFMAN ESTATES, IL 60192 USA
DIRECTOR	CAROL A DOEHLER	35 ANN DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	PAULA L KRAMER	2 KINGLET DRIVE SOUTH CRANBERRY, NJ 08512 USA
DIRECTOR	JOHN DOOLEY	85 GOLDMINE RD. GLOCESTER, RI 02914 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**

CAROL A. DOEHLER 35 ANN DRIVE EAST GREENWICH , RI 02818

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

**Signed this 15 Day of September, 2017 at 9:33:13 AM 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 CAROL DOEHLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07