



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 92035		2. Exact name of the Corporation Addiction Recovery Institute South, Inc.			
3. Principal Office Address 205 Halene Road			City Warwick	State RI	Zip 02835
4. NAICS Code 621410		6. Brief description of the character of business conducted in Rhode Island Methadone maintenance and counseling clinic			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Eileen Hoff			Vice-President Name		
Street Address 2304 Jesse Owens Drive			Street Address		
City Austin	State TX	Zip 78748	City	State	Zip
Secretary Name Gordon Cleary			Treasurer Name Jeanne H. O'Reilly		
Street Address 129 River Run Road			Street Address 57 Stonegate Drive		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Eileen Hoff			Director Name Jeanne H. O'Reilly		
Street Address 2304 Jesse Owens Drive			Street Address 57 Stonegate Drive		
City Austin	State TX	Zip 78748	City Portsmouth	State RI	Zip 02871
Director Name Gordon Cleary			Director Name		
Street Address 129 River Run Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000	Common	No Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Eileen Hoff				Date 2/20/18	
Signature of Authorized Representative <i>Eileen Hoff</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

ELECTRONIC DOCUMENT FILING

FILED

FEB 26 2018