



**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:** 2018

**1. Corporate ID No.** 000061556

**2. Name of Corporation** MAP BEHAVIORAL HEALTH SERVICES, INC.

**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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 66 BURNETT STREET  
City or Town: PROVIDENCE State: RI Zip: 02907 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 EFFECTIVE SUBSTANCE ABUSE TREATMENT FOR MINORITY (NOT LIMITED TO) INDIVIDUALS, INCLUDING SUPPORTIVE HOME ENVIRONMENT

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
SECRETARY	TOM CONNOR	58 SIXTH STREET EAST PROVIDENCE, RI 02914 USA
PRESIDENT	ANWAR MUHAMMAD	1600 DIVISION ROAD WARWICK, RI 02886- USA
DIRECTOR	THELMA SOWELL	246 PRAIRE AVENUE PROVIDENCE, RI 02907
VICE PRESIDENT	WILLIAM J ROSE	232 CHESTNUT STREET REHOBOTH, MA 02769 USA
DIRECTOR	DAVID JENNINGS	65 BURNETT PROVIDENCE, RI 02907
DIRECTOR	LUIS COLON	127 DORRANCE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CINDY NOTARIANNI	575 DYER AVE CRANSTON, RI 02907 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**

WILLIAM J. ROSE 66 BURNETT STREET PROVIDENCE , RI 02907

**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 May, 2018 at 1:33:45 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 WILLIAM ROSE  
Signature of Authorized Person

Form No. 631  
Revised 09/07