



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED *LO*

Annual Report for the year: **2018**

MAY 17 2018

Non-Profit Corporation

BY 24320

- 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 28390		2. Exact name of the Corporation Mentor, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide counseling, education, training and special services to the adult community.			
4. NAICS Code 611699 <input type="checkbox"/>					
6. Principal Office Address 191 Social Street, 3rd Floor		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry S. Tarlian		Vice-President Name Arthur M. Mossberg			
Street Address 170 Providence Pike Unit #106		Street Address 25 Shady Oak Road			
City North Smithfield	State RI	Zip 02896	City Warwick	State RI	Zip 02888
Secretary Name Arthur M. Mossberg		Treasurer Name Henry S. Tarlian			
Street Address 25 Shady Oak Road		Street Address 170 Providence Pike Unit #106			
City Warwick	State RI	Zip 02888	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dr. Frances S. Mossberg		Director Name Angela M. Tarlian			
Street Address 25 Shady Oak Road		Street Address 170 Providence Pike Unit #106			
City Warwick	State RI	Zip 02888	City North Smithfield	State RI	Zip 02896
Director Name Henry S. Tarlian		Director Name Arthur M. Mossberg			
Street Address 170 Providence Pike Unit #106		Street Address 25 Shady Oak Road			
City North Smithfield	State RI	Zip 02896	City Warwick	State RI	Zip 02888
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Henry S. Tarlian				Date 5/10/18	
Signature of Officer/Authorized Representative <i>Henry S. Tarlian</i>			SIGN DOCUMENT HERE		

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