



**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.** 000164417

**2. Name of Corporation** American Academy of Addiction Psychiatry

**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   
813000

**4. Corporate Address in Rhode Island**

No. and Street: 400 MASSASOIT AVENUE  
SUITE 307

City or Town: EAST PROVIDENCE State: RI Zip: 02914 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**

CHARITABLE EDUCATIONAL AND SCIENTIFIC ACTIVITIES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	SHELLEY GREENFIELD MD	115 MILL STREET BELMONT, MA 02478 USA
TREASURER	LARISSA MOONEY MD	300 UCLA MEDICAL PLAZA, SUITE 2200 LOS ANGELES, CA 90095 USA
SECRETARY	JOHN MARIANI MD	1051 RIVERSIDE DRIVE NEW YORK, NY 10032 USA
CEO	KATHRYN L. CATES WESSEL	400 MASSASOIT AVENUE, SUITE 307 EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	KEVIN SEVARINO MD	555 WILLARD AVENUE NEWINGTON, CT 06111 USA
PAST PRESIDENT	JOHN RENNER MD	11 BRADDOCK PARK BOSTON, MA 02116 US
DIRECTOR	KEVIN GRAY MD	1235 SYMTHE STREET DANIEL ISLAND, SC 29492 USA
DIRECTOR	ISMENE PETRAKIS MD	950 CAMPBELL AVE WEST HAVEN, CT 06516 US
DIRECTOR	REBECCA A. PAYNE MD	WM BRYAN JENNINGS DORN VA, 6439 GARNERS FERRY RD COLUMBIA, SC 29209 USA
DIRECTOR	ROBERT P. MILLIN MD	ROYAL OTTAWA MENTAL HEALTH CENTER, 1145 CARLING AVE. OTTAWA, ONT, K1Z7K4 CA
DIRECTOR	KAREN P.G. DREXLER MD	1670 CLAIRMONT RD. DECATUR, GA 30033 USA
DIRECTOR	RICHARD N ROSENTHAL MD	1090 AMSTERDAM AVE, 16TH FL NEW YORK, NY 10025 US
DIRECTOR	TIM FONG MD	UCLA 760 WESTWOOD AVE. ROOM C8-887 LOS ANGELES, CA 90024 USA
DIRECTOR	FRANCES LEVIN MD	640 POMANDER WALK TEANECK, NJ 07666 USA
DIRECTOR	ELIE AOUN MD	250 DOYLE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	LEWEI LIN MD	3426 MILLER ROAD ANN ARBOR, MI 48103 USA
DIRECTOR	DEAN KRAHN MD	VA MADISON AND UNIV. WISCONSIN, 2500 OVERLOOK TERRACE, MADISON, WI 53705 USA
DIRECTOR	TOM KOSTEN MD	BAYLOR COLLEGE OF MEDICINE 2002 HOLCOMBE BLVD, BLDG 110 HOUSTON, TX 77030 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**

KATHRYN CATES-WESSEL 400 MASSASOIT AVENUE, SUITE 307 EAST PROVIDENCE , RI 02914

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

**Signed this 29 Day of June, 2018 at 1:57:46 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 KATHRYN CATES-WESSEL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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