



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

Annual Report for the year: **2018**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED *[Signature]*
 JUL 02 2018
 BY 31807

1. Entity ID Number 000029943		2. Exact name of the Corporation Codac, Inc.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Substance abuse treatment and prevention.			
4. NAICS Code 622210 -Psychiatric and Subst:					
6. Pnncipal Office Address 1052 Park Street			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra DelSesto			Vice-President Name Ian Knowles		
Street Address 39 Glen Ridge Road			Street Address 24 Crestmont Dr.		
City Cranston	State RI	Zip 02920	City Richmond	State RI	Zip 02812
Secretary Name Noah Benedict, Rhode Island Primary Care			Treasurer Name Kenneth Sepe		
Street Address 1150 New London Ave.			Street Address 36 Western Industrial Dr.		
City Cranston	State RI	Zip 02842	City Cranston	State RI	Zip 02921
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 Julia O'Halloran			Director Name Michael Farina		
Street Address 22 Esplanade			Street Address 15 Red Berry Circle		
City Middletown	State RI	Zip 02842	City Cranston	State RI	Zip 02921
Director Name Peter Friedman, MD			Director Name		
Street Address 66 Oriole Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <i>Sandra P. Del Sesto</i>					Date <i>6/21/18</i>
Signature of Officer/Authorized Representative <i>Sandra P. Del Sesto</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.n.gov