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. 000126668

2. Name of Corporation RI Association for Infant Mental Health

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 6

813920

4. Corporate Address in Rhode Island

No. and Street: 350 POINT STREET
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 196 FREEMAN PARKWAY

City or Town: PROVIDENCE State: RI Zip: 02906 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FOSTER THE DEVELOPMENT OF THE RHODE ISLAND COMMUNITY OF INFANT MENTAL HEALTH SPECIALISTS FOR NETWORKING, RESOURCE SHARING AND SERVICE PROVISION

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Incorporator is no longer applicable; please delete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

Title	**Individual Name** First, Middle, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
SECRETARY	EMILY PEARCE-SPENCE	11 PLEASANT ST BRISTOL, RI 02809 USA
VICE PRESIDENT	JEAN TWOMEY	50 HOLDEN STREET, 1ST FL PROVIDENCE, RI 02908 USA
DIRECTOR	MARYANN LYNCH	109 ALGONQUIN ROAD RUMFORD, RI 02916 USA
PRESIDENT	SUSAN DICKSTEIN	196 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
TREASURER	SUSAN DICKSTEIN	196 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	KATHELEEN HAWES	26 CAROLINA MAIN STREET CAROLINA, RI 02812 USA
DIRECTOR	DANITA ROBERTS	86 COLONIAL ROAD PROVIDENCE, RI 02906 USA
DIRECTOR	RAMONA SANTOS	71 BRIDGHAM STREET PROVIDENCE, RI 02907 USA
DIRECTOR	SOPHIA COHEN	131 POST ROAD WARWICK, RI 02888 USA
DIRECTOR	LAURA ZEISLER	771 PLAINFIELD PIKE SCITUATE, RI 02857 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

SUSAN DICKSTEIN 196 FREEMAN PARKWAY PROVIDENCE , RI 02906

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

Signed this 16 Day of August, 2018 at 2:06:09 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 MARYANN M LYNCH
Signature of Authorized Person

Form No. 631
Revised 09/07