



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

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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| | | | | | |
|---|--|---|---|--------------------|------------------------|
| 1. Entity ID Number 001665180 | | 2. Exact name of the Corporation New Horizons Recovery Housing, Inc. | | | |
| 3. Principal Office Address 25 Ashby Street | | | City Johnston | State RI | Zip 02919 |
| 4. NAICS Code 620000 | 6. Brief description of the character of business conducted in Rhode Island Provide interim living environments for recovering addicts | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Jasmin DiMaio | | | Vice-President Name Frank N. DiMaio, Jr. | | |
| Street Address 25 Ashby Street | | | Street Address 25 Ashby Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Jasmin DiMaio | | | Treasurer Name Jasmin DiMaio | | |
| Street Address 25 Ashby Street | | | Street Address 25 Ashby Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 1000 | Common | No Par | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Frank N. DiMaio, Jr. | | | | | Date 3-19-19 |
| Signature of Authorized Representative | | | | | |

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

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