



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

Annual Report for the year: **2019**

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.

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 SECRETARY OF STATE
 CORPORATIONS
STAMP

2019 JUN 13 4:08:51

1. Entity ID Number 30178		2. Exact name of the Corporation The Whitmarsh Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Rehabilitative Services for Adolescents			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address 1055 North Main Street			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Mr. Daniel Barry			Vice-President Name Mr. Kenneth J. O'Grady		
Street Address 25 Stratford Ave			Street Address 41 Whipple Court		
City Narragansett	State RI	Zip 02852	City North Providence	State RI	Zip 02911
Secretary Name Mrs. Roberta Segal			Treasurer Name Colonel Stephen McCartney		
Street Address 15 Hanley Farm Road			Street Address 30 Gazebo View Drive		
City Warren	State RI	Zip 02885	City Warwick	State RI	Zip 02886
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 Mr. Gary Monti			Director Name Ms. Melinda Gushwa, Ph.D		
Street Address 12 Red Brook Crossing			Street Address 13 Geneva Street		
City Lincoln	State RI	Zip 02865	City Pawtucket	State RI	Zip 02860
Director Name Mr. Kerry I. Rafanelli, Esquire			Director Name Mrs. Carol Hoak		
Street Address 670 Main St. Suite C-4			Street Address 26 Wyoming Drive		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
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 Kenneth J. O'Grady					Date 6/10/19
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE FILED					

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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 BY CR DYJD2 FORM 631 - Revised: 03/2019

Whitmarsh House Corporation
Board Members 2019
Entity ID Number 30178

NAME	STREET ADDRESS	CITY	STATE	ZIP
Mr. Nathan Delvecchio	185 Argol Street	Pawtucket	RI	02860
Ms. Donna Greenwood	214 Roosevelt Ave, Apt. 801	Pawtucket	RI	02860
Mr. John Haynes	10 Calisto Drive	Rehoboth	MA	02769
Christopher Healey, Esq.	17 Narragansett Avenue West	Wakefield	RI	02879
Mr. Ryan Kershaw	185 Argol Street	Pawtucket	RI	02860
Ms. Victoria Orabone	7 Timber Street	North Providence	RI	02904
Mr. Paul L. Segal	15 Hanley Farm Road	Warren	RI	02885
Mr. Jay Taylor	530 Grand Avenue	Pawtucket	RI	02861
Mrs. Kim Taylor	530 Grand Avenue	Pawtucket	RI	02861