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: 2019

1. Corporate ID No. 001669225

2. Name of Corporation Addiction Retreat Mission Society

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

622310

4. Corporate Address in Rhode Island

No. and Street: C/O HAROLD F. LYNCH
1 JACOB ISLAND WAY
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 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

INTERDIOCESAN INTEGRATED AUXILIARY MODEL WITH A PROSPECTIVELY INSTITUTIONAL PRELATURE PERSPECTIVE ARMS DEPLOYS REHABILIATION TREATMENT APOTHECARIALLY FOR RELIEF FORM ADDICTION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	MATTHEW O MADISON	24 CORLISS STREET, NIT 40147 PROVIDENCE, RI 02940 USA
TREASURER	HAROLD F. LYNCH	1 JACOB ISLAND WAY SOUTH KINGSTOWN, RI 02879 USA
VICE PRESIDENT	PETER M. PARISETTE	314 TWIN PENINSULA AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	HAROLD F. LYNCH	1 JACOB ISLAND WAY SOUTH KINGSTOWN, RI 02879 US
DIRECTOR	MATTHEW O. MADISON	24 CORLISS STREET, UNIT 40147 PROVIDENCE, RI 02940 USA
DIRECTOR	PETER M. PARISETTE	314 TWIN PENINSULA AVENUE WAKEFIELD, RI 02879 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

HAROLD F. LYNCH 1 JACOB ISLAND WAY SOUTH KINGSTOWN , RI 02879

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

Signed this 21 Day of June, 2019 at 5:09:59 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 HAROLD F. LYNCH
Signature of Authorized Person

Form No. 631
Revised 09/07

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