



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.

FILED

JUN 24 2019

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|--|-----------------|--|------------------------|
| 1. Entity ID Number 124396 | | 2. Exact name of the Corporation New England Association of Drug Court Professionals | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island The establishment, operation and support of adult and juvenile drug courts in New England. | |
| 4. NAICS Code 813920 - Professional Organiza | | | |
| 6. Principal Office Address One Dorrance Plaza, 6th Floor | | City Providence | State RI |
| | | Zip 02903 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Robert Ziemian | | Vice-President Name Jeanne E. LaFazia | |
| Street Address 41 Coach Lane | | Street Address One Dorrance Plaza | |
| City Westwood | State MA | City Providence | State RI |
| Zip 02090 | | Zip 02903 | |
| Secretary Name Christine O'Connell | | Treasurer Name Alex Casale | |
| Street Address 7 Acacia Drive | | Street Address 1 Granite Place, Suite N400 | |
| City Middletown | State RI | City Concord | State NH |
| Zip 02842 | | Zip 03301 | |
| 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 Maureen Derbacher | | Director Name Elizabeth Simoni | |
| Street Address 21 Dorr Street | | Street Address 9 Green Street, Suite 3-A | |
| City Banford | State CT | City Augusta | State ME |
| Zip 06405 | | Zip 04330 | |
| Director Name Brian J. Grearson | | Director Name | |
| Street Address 109 State Street | | Street Address | |
| City Montpelier | State VT | City | State |
| Zip 05609 | | 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. | | | |
| <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 JEANNE E. LAFAZIA | | | Date 6-21-19 |
| Signature of Officer/Authorized Representative <i>Jeanne E. LaFazia</i> SIGN DOCUMENT HERE | | | |

MAIL TO:
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