



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

FILED

JUN 24 2019

16000

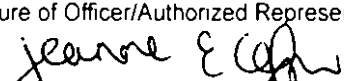
Annual Report for the year: **2019**

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.

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	Zip 02090	City Providence	State RI	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	Zip 02842	City Concord	State NH	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	Zip 06405	City Augusta	State ME	Zip 04330
Director Name Brian J. Grearson			Director Name		
Street Address 109 State Street			Street Address		
City Montpelier	State VT	Zip 05609	City	State	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 					SIGN DOCUMENT HERE

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