Date: 11/12/2019 1:51:00 PM RI SOS Filing Number: 201927364390



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED CORPORATIONS DIV

2019 NOV 12 PM 1:49

Annual Report for the year: 2018 **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.

		, oo.				
1. Entity ID Number	2. Exact name of the Corporation					
000051622	Rhode Island Board for Certification of Chemical Depe					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Certification of Substance Abuse Professionals.					
4. NAICS Code	]					
6. Principal Office Address			City	State	Zip	
33 College Hill Road, Ste. 30E			Warwick	RI	02886	
7. List ALL officers (names and add	dresses)			Check the box to indica	ate an attachment	
President Name Lee Dalphonse			Vice-President Name Marie Moore			
Street Address 33 College Hill Road, Ste. 30E			Street Address 11 Harbor Village Drive			
City Warwick	State RI	Zip 02886	City Middletown	State RI	Z <sub>ip</sub> 02906	
Secretary Name Christine Barrett			Treasurer Name George O'Toole			
Street Address 2 Antigo Court			Street Address 641 Post Road			
City East Providence	State RI	Zip 02914	City Warwick	State RI	Zip 02888	
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST li	st at least THREE directors.	Check the box to indica	ate an attachment	
Director Name Sandra Del Sesto			Director Name Christine Bandoni			
Street Address 39 Glen Ridge Road			Street Address 2091 Main Road			
City Cranston	State RI	<sup>Zip</sup> 02920	City Tiverton	State RI	Zip 02878	
Director Name Lora Spalt			Director Name			
Street Address 190 Howell Street			Street Address			
City Providence	State RI	<sup>Z<sub>1</sub>p</sup> 02906	City	State	Zıp	
9. Registered Agent in Rhode Islan	id. This information	is currently of record	in the Department of State. Change	es require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all stateme	re and affirm tha nts contained he	t I have examine rein are true and	d this report, including any acc	companying schedu	iles and	
This report must be signed by either the Pre-				 nsentative, Receiver or Trus	itee	
Name of Officer/Authorized Representative				Date	Date	
Mary Jo Mather/Autorized Representative				11/6/19		
Signature of Officer/Authorized Rep	oresentative Chu	SIGN DOCI	JMENT HERE	•		
			NOV 1 2 2009		-	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY\_U5H4ZA.A. (:51) MFORM 631 - Revised: 03/2019