



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2017**
 Non-Profit Corporation

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- 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 000051622		2. Exact name of the Corporation Rhode Island Board for Certification of Chemical Depe			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Certification of Substance Abuse Professionals.			
4. NAICS Code 021420					
6. Principal Office Address 59 Lyndon Road		City Cranston	State RI	Zip 02905	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Froncillo			Vice-President Name Lee Dalphonse		
Street Address 59 Lyndon Road			Street Address 33 College Hill Road, Ste 30E		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02886
Secretary Name Brenda Amodei			Treasurer Name Sandra Del Sesto		
Street Address 1 Lakeside Drive			Street Address 39 Glen Ridge Road		
City Smithfield	State RI	Zip 02917	City Cranston	State RI	Zip 02920
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 Christine Barrett			Director Name Christine Bandoni		
Street Address 2 Antigo Court			Street Address 2091 Main Road		
City East Providence	State RI	Zip 02914	City Tiverton	State RI	Zip 02878
Director Name Lora Spalt			Director Name Marie Moore		
Street Address 190 Howell Street			Street Address 11 Harbor Village Drive, Apt. 1		
City Providence	State RI	Zip 02906	City Middletown	State RI	Zip 02906
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 Mary Jo Mather/Autorized Representative				Date 11/6/19	
Signature of Officer/Authorized Representative <i>Mary Jo Mather</i>				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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