



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

2020 FEB 10 PM 1:01

**Annual Report for the year:** 2020  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000071680		2. Exact name of the Corporation ADDICTION RECOVERY INSTITUTE, INC				
3. Principal Office Address 31 NORTH UNION STREET			City PAWTUCKET	State RI	Zip 02860	
4. NAICS Code 621410		6. Brief description of the character of business conducted in Rhode Island METHADONE MAINTENANCE AND COUNSELING CLINIC				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name EILEEN HOFF			Vice-President Name			
Street Address 2304 JESSE OWENS DRIVE			Street Address			
City AUSTIN	State TX	Zip 78748	City	State	Zip	
Secretary Name JEANNE H. O'REILLY			Treasurer Name JEANNE H. O'REILLY			
Street Address 57 STONEGATE DRIVE			Street Address 57 STONEGATE DRIVE			
City PORTSMOUTH	State RI	Zip 02842	City PORTSMOUTH	State RI	Zip 02871	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name EILEEN HOFF			Director Name JEANNE O'REILLY			
Street Address 2304 JESSE OWENS DRIVE			Street Address 57 STONEGATE DRIVE			
City AUSTIN	State TX	Zip 78748	City PORTSMOUTH	State RI	Zip 02871	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1000	COMMON	NO PAR		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>						
Name of Authorized Representative EILEEN HOFF					Date 2/4/2020	
Signature of Authorized Representative <i>Eileen Hoff</i>					SIGN DOCUMENT HERE <b>FILED</b>	

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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