



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

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.

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 BUS SVCS DIV

2020 MAR -3 A 8:50

1. Entity ID Number 484824		2. Exact name of the Corporation John D. DaPonte Mental Health Therapy Inc.			
3. Principal Office Address 2024 Broad Street		City Cranston		State RI	Zip 02905
4. NAICS Code 621420		6. Brief description of the character of business conducted in Rhode Island Providing mental health and substance abuse services to adult clients			
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 John D. DaPonte			Vice-President Name John D. DaPonte		
Street Address 2024 Broad Street			Street Address 2024 Broad Street		
City Cranston		State RI	Zip 02905	City Cranston	
State RI		Zip 02905	State RI		Zip 02905
Secretary Name John D. DaPonte			Treasurer Name John D. DaPonte		
Street Address 2024 Broad Street			Street Address 2024 Broad Street		
City Cranston		State RI	Zip 02905	City Cranston	
State RI		Zip 02905	State RI		Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John D. DaPonte			Director Name		
Street Address 2024 Broad Street			Street Address		
City Cranston		State RI	Zip 02905	City	
State RI		Zip 02905	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	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/SE RIES	PAR VALUE
			100	Common	.01
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. 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.					
Name of Authorized Representative JOHN D. DaPONTE				Date 2/1/2020	
Signature of Authorized Representative 					

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

FILED

MAR 03 2020

FORM 630 - Revised: 10/2017

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