



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

Annual Report for the year: 2020  
 Non-Profit Corporation

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 BUS SVCS DIV  
 2020 MAY 22 PM 2:57

- 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 <b>000849388</b>		2. Exact name of the Corporation <b>MMHC</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE THERAPEUTIC SERVICES AND HOUSING TO INDIVIDUALS WITH DUAL DIAGNOSIS PARTICULARLY PTSD AND SUBSTANCE ABUSE. RESEARCH AND DEVELOPMENT OF OPTIMAL TREATMENT INTERVENTION</b>			
4. NAICS Code <b>541713</b>					
6. Principal Office Address <b>166 Valley St bldg 6M, ste 103</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PETER LANG</b>			Vice-President Name <b>Robert Duwors</b>		
Street Address <b>166 Valley St bldg 6M, ste 103</b>			Street Address <b>166 Valley St bldg 6M, ste 103</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>ROBERT DUWORS</b>			Treasurer Name		
Street Address <b>166 Valley St bldg 6M, ste 103</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PETER LANG</b>			Director Name <b>ROBERT DUWORS</b>		
Street Address <b>92 ADAMS ST</b>			Street Address <b>166 Valley St bldg 6M, ste 103</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>CYRUS DORVAL</b>			Director Name		
Street Address <b>166 Valley St bldg 6M, ste 103</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	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.					
<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>					
<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 <b>Neville Bedford, Agent</b>					Date <b>05/18/2020</b>
Signature of Officer/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**  
 MAY 22 2020  
 BY 08L32 **A.A.**  
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 FORM 31 - Revised: 06/2019