



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

Annual Report for the year: 2020
 Non-Profit Corporation _____

RECEIVED
 R.I. DEPT. OF STATE
 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 000849388		2. Exact name of the Corporation MMHC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE THERAPEUTIC SERVICES AND HOUSING TO INDIVIDUALS WITH DUAL DIAGNOSIS PARTICULARLY PTSD AND SUBSTANCE ABUSE. RESEARCH AND DEVELOPMENT OF OPTIMAL TREATMENT INTERVENTION			
4. NAICS Code 541713					
6. Principal Office Address 166 Valley St bldg 6M, ste 103			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER LANG			Vice-President Name Robert Duwors		
Street Address 166 Valley St bldg 6M, ste 103			Street Address 166 Valley St bldg 6M, ste 103		
City Providence	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name ROBERT DUWORS			Treasurer Name		
Street Address 166 Valley St bldg 6M, ste 103			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
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 PETER LANG			Director Name ROBERT DUWORS		
Street Address 92 ADAMS ST			Street Address 166 Valley St bldg 6M, ste 103		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name CYRUS DORVAL			Director Name		
Street Address 166 Valley St bldg 6M, ste 103			Street Address		
City PROVIDENCE	State RI	Zip 02909	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.					
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 Neville Bedford, Agent					Date 05/18/2020
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.**
 3:00 PM
 FORM 31 - Revised: 06/2019