



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**


Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.


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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 22 PM 2:57

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	City PROVIDENCE	State RI
	Zip 02909		Zip 02909
Secretary Name ROBERT DUWORS		Treasurer Name	
Street Address 166 Valley St bldg 6M, ste 103		Street Address	
City Providence	State RI	City	State
	Zip 02909		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	City PROVIDENCE	State RI
	Zip 02909		Zip 02909
Director Name CYRUS DORVAL		Director Name	
Street Address 166 Valley St bldg 6M, ste 103		Street Address	
City PROVIDENCE	State RI	City	State
	Zip 02909		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			Date 5/18/2020
Signature of Officer/Authorized Representative 			<small>Digitally signed by Neville Bedford DN: cn=Neville Bedford, o=Law Office of Neville Bedford, ou=401 divorce.com, email=help@401divorce.com, c=US Date: 2020.05.18 23:27:03 -0400</small>

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 
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FORM 631 - Revised: 06/2019