



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000080184

**2. Name of Corporation** RHODE ISLAND MENTAL HEALTH COUNSELOR'S ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 113945

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 65 WILSON ST

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ADVANCE THE PROFESSION OF MENTAL HEALTH COUNSELING.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	VERA DEMARCO	PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA
CLERK	ASHLEY MARZULLO	PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA
OTHER OFFICER	SUSAN WRIGHT	65 WILSON ST WEST WARWICK, RI 02893
DIRECTOR	VERA DEMARCO	PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	MICHELLE CROSSLEY	PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	PHILIP LOWRY	PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SUSAN WRIGHT 65 WILSON STREET WEST WARWICK , RI 02893

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of May, 2020 at 11:13:07 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By SUSAN WRIGHT  
Signature of Authorized Person

Form No. 631  
Revised 09/07