



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.** 000051698

**2. Name of Corporation** Thrive Behavioral Health Inc.

**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

621330

**4. Corporate Address in Rhode Island**

No. and Street: 2756 POST ROAD, SUITE 104

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

No. and Street: 3288 POST ROAD

City or Town: WARWICK State: RI Zip: 02886 Country: UNI

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

TO PROVIDE CARE AND TREATMENT OT PERSONS WHO POSSESS MENTAL, EMOTIONAL, OR PERSONALITY DISORDERS RELATED TO MENTAL ILLNESS AND OR SUBSTANCE ABUSE.

**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**Incorporator is no longer applicable; please delete**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. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DANIEL KUBAS-MEYER	2756 POST ROAD WARWICK, RI 02886 USA
TREASURER	MARK DELANEY	138 BRIGADE DRIVE SAUNDERSTOWN, RI 02852 USA
DIRECTOR	SHAWN DEAKIN	90 BAILEY BOULEVARD EAST GREENWICH, RI 02818 USA
DIRECTOR	JEAN GAVIGAN	12 DRAKE ROAD WARWICK, RI 02888 USA
DIRECTOR	CHRISTINE KING	1 RICHMOND SQ, STE 106K PROVIDENCE, RI 02906 USA
DIRECTOR	PAUL O'REILLY	300 METRO CENTER BLVD, #100 WARWICK, RI 02886 USA
CHAIR	MICHAEL RASPALLO	22 MAYFIELD STREET GREENVILLE, RI 02828 USA
VICE CHAIR	FRED REINHARDT	2669 POST ROAD WARWICK, RI 02886 USA
SECRETARY	JENNIFER WHEELEHON	3288 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	STEPHEN GUMBLEY	64 NATHANAEL AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	CAROLYN SOUZA	16 KENYON ROAD TIVERTON, RI 02878 USA
DIRECTOR	ROBERT WADDICOR	31 ANN AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	ROBERT WALKER	300 SIXTH AVENUE, APT 505 EAST GREENWICH, RI 02818 USA
DIRECTOR	RONALD WHITCOMB	15 SPRING LAKE ROAD STERLING, CT 06377 USA
DIRECTOR	DANIEL WIDREW	241 MORRIS AVENUE, F12 PROVIDENCE, RI 02906 USA
DIRECTOR	JEAN CALLAWAY	1101 CARLEY DRIVE COVENTRY, RI 02816 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**

DANIEL S. KUBAS-MEYER 2756 POST ROAD, SUITE 104 WARWICK , RI 02886

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

**Signed this 30 Day of June, 2020 at 9:21:04 AM 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 DEBRA CARROLL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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