



**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. 000027061

2. Name of Corporation FELLOWSHIP HEALTH RESOURCES, 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

623220

4. Corporate Address in Rhode Island

No. and Street: 24 ALBION ROAD

SUITE 420

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

THE OPERATION OF GROUP HOMES AND OTHER PROGRAMS FOR THE MENTALLY DISABLED.

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Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBRA M PAUL	14 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
TREASURER	STEPHEN M. DUGGAN	15 CHASE DRIVE CRANSTON, RI 02920 USA
SECRETARY	COLIN MURPHY	28 BELAIR AVENUE PROVIDENCE, RI 02906 USA
ASST. TREASURER	ROBERT COLUCCI	85 E. MATUNUCK FARM DRIVE WAKEFIELD, RI 02879 USA
CHAIRPERSON	ALAN WICHLEI	42 GREENWOOD ST LEXINGTON, MA 02421 USA
DIRECTOR	CHARLES MCLISTER	211 MOORE LANE HADDONFIELD, NJ 08033 USA
DIRECTOR	JEFFREY M CLOUD	1609 DUPREE ST KINSTON, NC 28504 USA
DIRECTOR	MICHAEL OWEN	616 BEECH TREE COURT CHAPEL HILL, NC 27515 USA
DIRECTOR	RUSSELL SYLVIA	12 VIOLA TERRACE SUTTON, MA 01390 USA
DIRECTOR	WILLIAM EMMET	1755 PARK ROAD WASHINGTON , DC 20010 USA
DIRECTOR	MICHELA COFFARO	608 UNION ST MILTON, DE 19968 USA
DIRECTOR	KELLY MCGEE	45 LAFAYETTE ST PAWTUCKET, RI 02860 USA
DIRECTOR	JOSEPH LUNDY	708 DIXON LANE GLADWYNE, PA 19035 USA
DIRECTOR	RICHARD SHEOLA	120 ARMORY ST BROOKLINE, MA 02446 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**

DEBRA M. PAUL 24 ALBION ROAD, SUITE 420 LINCOLN , RI 02865

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 3:13:09 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 STEPHEN M. DUGGAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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