



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

Annual Report for the year: **2020**

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.

FILED

JUL 01 2020

BY

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1. Entity ID Number 103365		2. Exact name of the Corporation RI Association for Marriage and Family Therapy, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the common professional interest of marital and family therapists.			
4. NAICS Code 624190 - Other Individual <input type="checkbox"/>					
6. Principal Office Address 5840 Post Road		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah Gonzalez, LMFT			Vice-President Name Amanda Oexner, LMFT		
Street Address 105 Sockanosset Cross Road			Street Address 500 Jefferson Boulevard		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
Secretary Name Efrem Bromberg, LMFT			Treasurer Name Michelle Solitro, LMFT		
Street Address 43 Railroad Street			Street Address 5840 Post Road		
City Peace Dale	State RI	Zip 02879	City East Greenwich	State RI	Zip 02818
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 Sarah Gonzalez, LMFT			Director Name Amanda Oexner, LMFT		
Street Address 105 Sockanossett Cross Road			Street Address 500 Jefferson Boulevard		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
Director Name Efrem Bromberg, LMFT			Director Name Michelle Solitro, LMFT		
Street Address 43 Railroad Street			Street Address 5840 Post Road		
City Peace Dale	State RI	Zip 02879	City East Greenwich	State RI	Zip 02818
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Sarah Gonzalez, LMFT / President				Date 6/1/2020	
Signature of Officer/Authorized Representative <i>Sarah Gonzalez LMFT</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov