



**State of Rhode Island  
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.** 000972447

**2. Name of Corporation** Rhode Island Council of Child & Adolescent Psychiatry

**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

**4. Corporate Address in Rhode Island**

No. and Street: C/O PARTRIDGE SNOW & HAHN LLP  
40 WESTMINSTER STREET, SUITE 1100

City or Town: PROVIDENCE

State: RI Zip: 02903 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 SPECIFIC PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE: (I) TO PROMOTE THE HEALTHY DEVELOPMENT OF CHILDREN, ADOLESCENTS, AND FAMILIES IN RHODE ISLAND THROUGH RESEARCH, TRAINING, PREVENTION, COMPREHENSIVE DIAGNOSIS AND TREATMENT; (II) TO MEET THE PROFESSIONAL NEEDS OF CHILD AND ADOLESCENT PSYCHIATRISTS IN RHODE ISLAND THROUGHOUT THEIR CAREERS; (III) TO PROVIDE CONTINUING EDUCATION FOR ITS

MEMBERS AND THE COMMUNITY AT LARGE; (IV) TO NETWORK WITH OTHER ORGANIZATIONS WITH AN INTEREST IN CHILDREN AND ADOLESCENTS; (V) TO ADVOCATE FOR IMPROVED ACCESS TO APPROPRIATE MENTAL HEALTH SERVICES FOR CHILDREN, ADOLESCENTS, AND THEIR FAMILIES; (VI) TO ENCOURAGE, PROMOTE OR IN ANY OTHER WAY AID IN THE SUPPORT AND OPPOSITION TO LEGISLATION AFFECTING THE MENTAL HEALTH NEEDS OF CHILDREN AND ADOLESCENTS; (VII) TO RECRUIT QUALIFIED CHILD AND ADOLESCENT PSYCHIATRISTS TO PRACTICE IN THE STATE OF RHODE ISLAND; AND (VIII) TO CARRY ON SUCH OTHER LAWFUL ACTIVITIES THAT ARE CONSISTENT WITH THE CHARITABLE PURPOSES SET FORTH ABOVE, THE PROVISIONS OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE") AND TITLE 7, CHAPTER 6 OF THE RHODE ISLAND GENERAL LAWS (1956), AS AMENDED (THE "ACT").

**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	MICHAEL WOLF, M.D.	69 BROWN ST., PAGE-ROBINSON HALL, RM. 512 PROVIDENCE, RI 02912 USA
TREASURER	ADITI HAJIRNIS	229 MORRIS AVENUE PROVIDENCE, RI 02906 USA
SECRETARY	ELIZABETH A. LOWENAUPT, M.D.	593 EDDY STREET, POB-122 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	DAISY BASSEN, M.D.	816 MIDDLE ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	JAMES ANDRIOTIS	989 RESERVOIR AVENUE CRANSTON, RI 02910 USA
DIRECTOR	JEFF HUNT	BRADYLEY HOSP 1011 VETERANS MEMORIAL PKWY RIVERSIDE, RI 02914 USA
DIRECTOR	MICHELLE RICKERBY	278 OLNEY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	KAZI SALAHUDDIN	520 HOPE STREET PROVIDENCE, RI 02906 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**

JOHN J. PARTRIDGE, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER STREET, SUITE 1100 PROVIDENCE , RI 02903

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

**Signed this 24 Day of September, 2020 at 9:13:52 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 ELIZABETH A. LOWENAUPT, M.D.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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