RI SOS Filing Number: 202193495010 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 1 2021
BY 130

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
001692341	Timberline Recovery Homes of New England, Inc.		
3. Principal Office Address	City	State	Zip
46 Millers Brook Drive	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
623220	To promote and encourage peer living connections and support leading to long-term friendships and sober living for a lifetime		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Raymond Leung			Vice-President Name: Mihir Shah		
Street Address: 2 Williams Street			Street Address: 2 Williams Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Raymond Leung			Treasurer Name: Mihir Shah		
Street Address: 2 Williams Street			Street Address: 2 Williams Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	CNP	$0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
	2/17/21
Signature of Authorized Representative	

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

2.22

FORM 630 - Revised: 08/2020

NOTICE OF ANNUAL MEETING OF

TIMBERLINE RECOVERY HOMES OF NEW ENGLAND, INC

TO: Shareholders of Timberline Recovery Homes of New England, Inc

Please take notice that the Annual Meeting of the Shareholders of Timberline Recovery Homes of New England, Inc, will be held at the offices of Timberline Recovery Homes of New England, Inc on February 1, 2021, at 10:00 a.m., for the purpose of electing officers of the Corporation and for any other business as may properly come before the meeting.

By order of Raymond Leung.

Raymond Leung, Secretary

Dated: February 1, 2021