



**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

**Foreign Non-Profit  
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:** 2021

**1. Corporate ID No.** 000792081

**2. Name of Corporation** Alliance Human Services, Inc.

**3. State of Incorporation**

State: MA

**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. Principal Office Address**

No. and Street: 144 TURNPIKE RD  
STE 220  
City or Town: SOUTHBOROUGH State: MA Zip: 01772 Country: USA

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

No. and Street: 105 SOCKANOSSET CROSS RD  
STE 116  
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE FOSTER CARE SRVICES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	FRANCIS J GRADY	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	ANDREW CALKINS	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	J BRUCE RILEY	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
PRESIDENT	FRANCIS J GRADY	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
TREASURER	PAUL KEMP	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	LINDA CORRIDAN	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	ARTHUR MOURTZINOS	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	JANICE HOCKENSMITH	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	PETE ZAMPINE	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	ERIK JONES	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	AL GRAY	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	TAMMY BRUNETI	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	JEROME JANISKO	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
DIRECTOR	CHRISTOPHER ROBBINS	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA
CLERK	THOMAS LAVALLEE	144 TURNPIKE RD STE 220 SOUTHBOROUGH, MA 01772 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 25 Day of May, 2021 at 12:02:05 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 THOMAS LAVALLEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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