



**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: 2021**

**1. Corporate ID No.** 000028381

**2. Name of Corporation** Mental Health Association of Rhode Island

**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



813319

**4. Principal Office Address**

No. and Street: 345 BLACKSTONE BLVD

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

THE PROMOTION OF GOOD MENTAL HEALTH, THE PREVENTION OF MENTAL ILLNESS  
AND THE IMPROVEMENT OF MENTAL HEALTH SERVICES IN RHODE ISLAND.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b>	<b>Address</b>
First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country
PRESIDENT	J. CLEMENT CICILLINE M.S.	100 RHODE ISLAND AVE. NEWPORT, RI 02840 USA
TREASURER	ROBERT ANDRADE	1 ANCHOR WAY RIVERSIDE, RI 02915 USA
SECRETARY	ROBERT SIMINSKI ED.D	40 IVY GARDEN WAY EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	JULIA STEINY	38 FOREST ST. PROVIDENCE, RI 02906 USA
EXECUTIVE DIRECTOR	LAURIE-MARIE PISCOTTA	50 HILLSIDE AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	ERNESTINE JENNINGS	164 SUMMIT AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	MAUREEN APPERSON	75 GLEN DR 3B WEST WARWICK, RI 02893 US
DIRECTOR	ROBERT SIMINSKI	40 IVY GARDEN WAY EA. GREENWICH, RI 02818 USA
DIRECTOR	ANN M. VARNA GARIS	3055 ANDERSON DR DIGHTON, MA 02715 USA
DIRECTOR	GENEVIEVE MARTIN ESQ.	11 ELIZABETH ANN DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	H. REED COSPER	72 EVERGREEN ST. PROVIDENCE, RI 02906 USA
DIRECTOR	LYNNE DEBEER	1536 MAIN RD TIVERTON, RI 02878 US
DIRECTOR	BRUCE TODESCO	16 RUFFSTONE RD. GREENVILLE, RI 02828 USA
DIRECTOR	CHRISTINE BROWN	1011 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02915 USA
DIRECTOR	TERENCE CHARLES	22 RAYMOND AVE. N. PROVIDENCE, RI 02911 USA
DIRECTOR	PETER CHUNG	116 OLNEY ST. #3 PROVIDENCE , RI 02906 USA
DIRECTOR	DAVID DOVE	194 WATERMAN ST. SUITE 7 PROVIDENCE, RI 02906 USA
DIRECTOR	JUDITH FOX	93 MOORLAND AVE. CRANSTON, RI 02905 USA
DIRECTOR	SANDRA VICTORINO	157 CYPRESS ST. PROVIDENCE, RI 02906 USA
DIRECTOR	ANTHONY PARENTE	14 BETSY WILLIAMS DR. CRANSTON, RI 02905 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**

LAURIE-MARIE PISCOTTA 345 BLACKSTONE BLVD. PROVIDENCE , RI 02906

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

**Signed this 9 Day of June, 2021 at 2:19:56 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 JENNIFER L. RAXTER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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