



**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. 000080184

2. Name of Corporation RHODE ISLAND MENTAL HEALTH COUNSELOR'S ASSOCIATION

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. Principal Office Address

No. and Street: PO BOX 113945
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 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

ADVANCE THE PROFESSION OF MENTAL HEALTH COUNSELING.

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.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------------|---|---|
| PRESIDENT | VERA DEMARCO | PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA |
| CLERK | ASHLEY MARZULLO | PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA |
| OTHER OFFICER | SUSAN WRIGHT | 65 WILSON ST WEST WARWICK, RI 02893 |
| OTHER OFFICER | SUSAN WRIGHT | |
| DIRECTOR | VERA DEMARCO | PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | MICHELLE CROSSLEY | PO BOX 113945 NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | PHILIP LOWRY | PO BOX 113945 NORTH PROVIDENCE, RI 02911 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**

SUSAN WRIGHT 65 WILSON STREET WEST WARWICK , RI 02893

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

Signed this 12 Day of June, 2021 at 8:55:36 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 SUSAN WRIGHT MA CAGS LMHC
Signature of Authorized Person

Form No. 631
Revised 09/07

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