



**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. 000028639

2. Name of Corporation The Providence Center, Inc.

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



999999

4. Principal Office Address

No. and Street: 528 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

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

TO ESTABLISH AND OPERATE BEHAVIORAL HEALTH PROGRAMS

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
TREASURER	JANA M. PLANKA	COASTWAY COMMUNITY BANK, ONE COASTWAY BOULEVARD WARWICK, RI 02886 USA
CHAIR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
ASSISTANT SECRETARY	PATRICIA CAWLEY AFFLECK	18 MEMORIAL AVENUE LINCOLN, RI 02865 USA
SECRETARY	JAMES E. FANALE MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
VICE CHAIR	NANCY FISHER CHUDACOFF, ESQ.	1 WEST EXCHANGE STREET, THE RESIDENCES UNIT 2402 PROVIDENCE, RI 02903 USA
PRESIDENT	TIFFNEY DAVIDSON- PARKER	528 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DONALD R. BARBEAU	4 OAK HILL COURT WEST GREENWICH, RI 02817 USA
VICE CHAIRPERSON	DONALD R. BARBEAU	4 OAK HILL COURT WEST GREENWICH, RI 02817 USA
DIRECTOR	MARGUERITE CHADWICK	352 WINNISIMET DRIVE TIVERTON, RI 02878 USA
DIRECTOR	JOSEPH IANNONI	CARE NEW ENGLAND HEALTH SYSTEM, 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	JOEL STARK	19-1 CHANNEL VIEW WARWICK, RI 02886 USA
DIRECTOR	PATRICIA CAWLEY AFFLECK	18 MEMORIAL AVENUE LINCOLN, RI 02865 USA
DIRECTOR	WALTER R. CRADDOCK, ESQ., CFP	RI DIVISION OF MOTOR VEHICLES, 600 NEW LONDON AVENUE CRANSTON, RI 02920 USA
DIRECTOR	NICKI SAHLIN, PH.D.	51 TAFT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JANA M. PLANKA	COASTWAY COMMUNITY BANK, ONE COASTWAY BOULEVARD WARWICK, RI 02886 USA
DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	JAMES K. SULLIVAN M.D.	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	FRANK CASALE, JR.	TD BANK, 180 WESTMINSTER ST., RI1-003-011 PROVIDENCE, RI 02903 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

ASHLEY TAYLOR CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE ,
RI 02905

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

Signed this 14 Day of June, 2021 at 9:41:53 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 JAMES E. FANALE, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

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