



**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.** 001694409

**2. Name of Corporation** The Oasis Wellness & Recovery Centers of RI

**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: 134 MATHEWSON ST.  
SUITE B-5

City or Town: PROVIDENCE State: RI Zip: 02903 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**

1. PROVIDE EDUCATION AND SUPPORT FOR ALL ADULT RHODE ISLANDERS LIVING WITH MENTAL ILLNESS AND SUBSTANCE USE (MENTAL HEALTH) DISORDERS TO MAINTAIN RECOVERY AND WELLNESS, BOTH AS INDIVIDUALS AND AS A COMMUNITY.

2. DEVELOP MEMBERS AS MENTAL HEALTH PEER LEADERS IN ORDER TO ACT AS ADVOCATES FOR A MENTAL HEALTH/BEHAVIORAL HEALTH SYSTEM THAT IS AT PAR

WITH COMMUNITY STANDARDS OF HEALTH CARE, AND THAT OFFERS ACCESS TO ALL  
IN NEED OF SUCH SERVICES.

3. TO OPERATE PEER RECOVERY LEARNING CENTERS, TO DISSEMINATE MENTAL HEALTH PEER-DEVELOPED AND LED EDUCATION, TRAINING, AND SUPPORT FOR MENTAL HEALTH WELLNESS AND RECOVERY.

**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> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL ROLAND SICARD	164 CAROUSEL DR APT 213 RIVERSIDE, RI 02915 USA
DIRECTOR	JACK JOSEPH BEN DAVID	24 THIRD ST., APT. 304 WARREN, RI 02885 USA
DIRECTOR	TARA LEE BOULAIS	51 ROCKLAND AVE WOONSOCKET, RI 02895 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**

CHARLES FELDMAN 134 MATHEWSON ST PROVIDENCE , RI 02903

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

**Signed this 30 Day of June, 2021 at 3:05:48 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 JAMES P MCNULTY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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