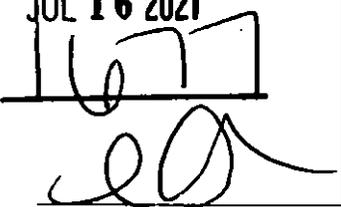




State of Rhode Island
Department of State - Business Services Division

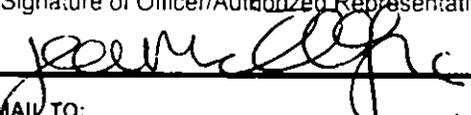
FILED

JUL 16 2021

BY 

Annual Report for the year: **2021**
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000124396		2. Exact name of the Corporation NEW ENGLAND ASSOCIATION OF RECOVERY COURT PROFESSIONALS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island The establishment, operation and support of adult and juvenile drug courts in the New England states.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address One Dorrance Plaza, 6th Floor		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT ZIEMIAN			Vice-President Name JEANNE E. LAFAZIA		
Street Address 41 COACH LANE			Street Address ONE DORRANCE PLAZA		
City WESTWOOD	State MA	Zip 02090	City PROVIDENCE	State RI	Zip 02903
Secretary Name CHRISTINE O'CONNELL			Treasurer Name ALEX CASALE		
Street Address 7 ACACIA DRIVE			Street Address 1 GRANITE PLACE, STE N400		
City MIDDLETOWN	State RI	Zip 02842	City CONCORD	State NH	Zip 03301
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MAUREEN DERBACHER			Director Name TINA NADEAU		
Street Address 21 DORR STREET			Street Address 45 CHENELL DRIVE, STE 1		
City BANFORD	State CT	Zip 06405	City CONCORD	State NY	Zip 03301
Director Name BRIAN J. GERARSON			Director Name		
Street Address 109 STATE STREET			Street Address		
City MONTPELIER	State VT	Zip 05609	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JEANNE E. LAFAZIA				Date 7-13-21	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov