



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 001671754

2. Name of Corporation OCD Rhode Island, 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

4. Principal Office Address

No. and Street: 11 COBBLESTONE ST.

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

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

THE PURPOSE OF OCD RHODE ISLAND IS TO HELP INDIVIDUALS WITH OBSESSIVE COMPULSIVE DISORDER (OCD) AND RELATED DISORDERS TO LIVE FULL AND PRODUCTIVE LIVES. OUR AIM IS TO INCREASE ACCESS TO EFFECTIVE, EVIDENCE BASED TREATMENT(S), END STIGMA ASSOCIATED WITH MENTAL HEALTH ISSUES, AND FOSTER A COMMUNITY FOR THOSE AFFECTED BY OCD AND THE PROFESSIONALS WHO TREAT THEM.

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
DIRECTOR	RYAN J. GLODE	90 PENN ST. APT. 2 PROVIDENCE, RI 02909 USA
DIRECTOR	CARLA KENNEY	255 WILLIAMS ST. UXBRIDGE, MA 01569 USA
DIRECTOR	JAYME VALDEZ	469 CHANDLER ST. WORCESTER, MA 01602 USA
DIRECTOR	BARBARA-ANN BORDEN	155 BRISTOL FERRY RD. PORTSMOUTH, RI 02871 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**

RYAN J. GLODE 11 COBBLESTONE ST. CUMBERLAND , RI 02864

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

Signed this 2 Day of February, 2022 at 5:32:24 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 RYAN GLODE
Signature of Authorized Person

Form No. 631
Revised 09/07

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