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. 000061556

2. Name of Corporation MAP BEHAVIORAL HEALTH SERVICES, 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

813920

4. Principal Office Address

No. and Street: 66 BURNETT STREET
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

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

TO PROVIDE EFFECTIVE SUBSTANCE ABUSE TREATMENT FOR MINORITY (NOT LIMITED TO) INDIVIDUALS, INCLUDING SUPPORTIVE HOME ENVIRONMENT

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
VICE PRESIDENT	WILLIAM J ROSE	232 CHESTNUT STREET REHOBOTH, MA 02769 USA

DIRECTOR	DAVID JENNINGS	65 BURNETT PROVIDENCE, RI 02907
DIRECTOR	LINDA CLINE	113 ALGEN AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	ROLAND MEADOWS	6 MYRA STREET PROVIDENCE, RI 02909

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

LIONEL FERNANDEZ 66 BURNETT STREET PROVIDENCE , RI 02907

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

Signed this 7 Day of March, 2022 at 1:44:30 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 LIONEL FERNANDEZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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