



**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. 000030178

2. Name of Corporation THE WHITMARSH CORPORATION

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: 1055 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

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

REHABILITATIVE SERVICES FOR ADOLESCENTS.

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
PRESIDENT	JOHN HAYNES	10 CALISTO DR REHOBOTH, MA 02769 USA
TREASURER	CHRISTOPHER GUILLEMETTE	15 WOODLAND RD

		EAST GREENWICH, RI 02818 USA
SECRETARY	JONATHAN RILEY	56 MOUNTAIN LAUREL WAY NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	JONATHAN RILEY	56 MOUNTAIN LAUREL WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT LAROCCO	20 KING PHILLIP DR NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LAUREN JOHNSON	585 SPRING LAKE RD GLENDALE, RI 02826 USA
DIRECTOR	MELINDA GUSHWA PHD	12 GENEVA ST PAWTUCKET, RI 02860 USA
DIRECTOR	KEVIN FUSCO	18 JENNIFER LANE FOXBORO, MA 02035 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

ROBERT LAROCCO 1055 NORTH MAIN STREET PROVIDENCE , RI 02904

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

Signed this 13 Day of April, 2022 at 1:45:40 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 ROBERT LAROCCO, LMFT
Signature of Authorized Person

Form No. 631
Revised 09/07

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