



**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.** 001663121

**2. Name of Corporation** Center for Self Care

**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: 575 EAST MAIN ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

TO PROVIDE MENTAL HEALTH, BEHAVIORAL HEALTH, AND WELLNESS SERVICES TO ADULTS, CHILDREN, FAMILIES, OR INDIVIDUALS TO ENCOURAGE IMPROVED SELF-CARE TO ANYONE AFFECTED/IMPACTED BY MENTAL/BEHAVIORAL HEALTH ISSUES IN THE GREATER NEWPORT COUNTY AREA COMMUNITY.

**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	TIFFANY BOURQUIN	575 EAST MAIN MIDDLETOWN , RI 02842 USA
DIRECTOR	MARCIA TRYON	575 EAST MAIN RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	JOSEPH K BOURQUIN	575 EAST MAIN RD. MIDDLETOWN, RI 02842 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**

TIFFANY BOURQUIN 575 EAST MAIN ROAD, 2ND FLOOR MIDDLETOWN , RI 02842

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

**Signed this 21 Day of April, 2022 at 2:51:09 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 TIFFANY BOURQUIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2022 State of Rhode Island  
All Rights Reserved