



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 MAY 23 P 2:16

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001662688		2. Exact name of the Corporation Rally4RecoveryRI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island THE MISSION OF RALLY4RECOVERY RI IS TO BREAK DOWN THE STIGMA AND STEREOTYPES CONNECTED WITH THE RECOVERY COMMUNITY THROUGH INCREASED VISIBILITY AND PROMOTION			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1345 Jefferson Boulevard			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George O'Toole			Vice-President Name Michelle Harter		
Street Address 641 Post Road			Street Address 59 Fern Drive		
City Warwick	State RI	Zip 02888	City Harrisville	State RI	Zip 02830
Secretary Name Joy Vaudreuil			Treasurer Name David Martins		
Street Address 44 Temple Place			Street Address 1345 Jefferson Boulevard		
City Central Falls	State RI	Zip 02863	City Warwick	State RI	Zip 02888
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 George O'Toole			Director Name Michelle Harter		
Street Address 641 Post Road			Street Address 59 Fern Drive		
City Warwick	State RI	Zip 02888	City Harrisville	State RI	Zip 02830
Director Name Ian Knowles			Director Name		
Street Address 23 Crestmont Drive			Street Address		
City Richmond	State RI	Zip 02812	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 Michelle Harter					Date 5/1/22
Signature of Officer/Authorized Representative <i>Michelle Harter</i>					

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

FILED

MAY 23 2022

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