



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: 2023

1. Corporate ID No. 000124587

2. Name of Corporation Greater Providence Area NA

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

624190

4. Principal Office Address

No. and Street: P.O. BOX 72792

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

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

DEVELOP, COORDINATE AND MAINTAIN SERVICES ON BEHALF OF NARCOTICS ANONYMOUS IN THE GREATER PROVIDENCE AREA OF RHODE ISLAND.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CARRIE BLAKE	6B STILLWATER RD SMITHFIELD, RI 02917 USA
DIRECTOR	CYNDI WILLIAMS	527 HIGH ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	JAMES MOONEY	50 PERRIN AVENUE PAWRUCKET, RI 02861 USA
DIRECTOR	DOUGLAS FUGUNDES	1026 CHARLES ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ROBIN NEALE	60 LEDGEVIEW WAY WRENTHAM, MA 02903 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**

CARRIE BLAKE 6B STILLWATER RD SMITHFIELD , RI 02917

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

Signed this 11 Day of February, 2023 at 11:44:38 AM 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 CARRIE BLAKE
Signature of Authorized Person

Form No. 631
Revised 09/07

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