



**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. 001741921

2. Name of Corporation E.C.O.

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
624110

4. Principal Office Address

No. and Street: 79 METROPOITAN RD

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

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

A RESIDENTIAL, EVIDENCE BASED PROGRAM THAT PROVIDES A HANDS ON EXPERIENCE FOR THE CHILDREN OF ADDICTS

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	KEN RUSKO	79 METROPOITAN RD PROVIDENCE 02908 USA
INCORPORATOR	CHRISTY M CLAUSEN	PO BOX 29 HARMONY, RI 02919 USA
DIRECTOR	KENNETH L RUSKO	79 METROPOLITAN ROAD PROVIDENCE, RI 02908 USA
DIRECTOR	ANTHONY COOLEY	4 PARKMAN STREET PROVIDENCE, RI 02907 USA
DIRECTOR	GREGORY A GAUTHIER	100 CHELSEA DRIVE SEEKONK, MA 02771 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

KENNETH L. RUSKO 79 METROPOLITAN ROAD PROVIDENCE , RI 02908

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

Signed this 3 Day of April, 2023 at 1:02:42 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 KENNETH RUSKO
Signature of Authorized Person

Form No. 631
Revised 09/07

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