



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Non-Profit Corporation

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- 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 <b>001662688</b>		2. Exact name of the Corporation <b>Rally4Recovery RI</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To eliminate the stigma and discrimination toward people with addictions and in addiction recovery, and to celebrate recovery from substance use disorders</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>85 Wildflower Circle</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Abigail Knapton</b>			Vice-President Name <b>None</b>		
Street Address <b>85 Wild Flower Circle</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name <b>Michelle Harter</b>			Treasurer Name <b>Kevin Keoghan</b>		
Street Address <b>59 Fern Drive</b>			Street Address <b>188 Oak Tree Ave</b>		
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ian Knowles</b>			Director Name <b>Abigail Knapton</b>		
Street Address <b>23 Crestmont Drive</b>			Street Address <b>85 Wild Flower Circle</b>		
City <b>Richmond</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>Kevin Keoghan</b>			Director Name <b>None</b>		
Street Address <b>188 Oak Tree Ave</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <b>Ian Knowles</b>					Date <b>April 7, 2023</b>
Signature of Officer/Authorized Representative 					

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

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