



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

JUL 06 2023
0352

- 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 001749537		2. Exact name of the Corporation Monarch			
3. State of Incorporation North Carolina		5. Brief description of the character of business conducted in Rhode Island Provides hope, promotes wellness, and empowers individuals and families impacted by mental illness, substance use, intellectual disorders, developmental disabilities, and tramatic brain injury.			
4. NAICS Code None					
6. Principal Office Address 350 Pee Dee Avenue, Suite 101		City Albemarle		State NC	Zip 28001
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Peggy Terhune			Vice-President Name Terri Berrnhardt		
Street Address 350 Pee Dee Avenue, Suite 101			Street Address 350 Pee Dee Avenue, Suite 101		
City Albemarle	State NC	Zip 28001	City Albemarle	State NC	Zip 28001
Secretary Name Terri Berrnhardt			Treasurer Name Tammy Geis		
Street Address 350 Pee Dee Avenue, Suite 101			Street Address 350 Pee Dee Avenue, Suite 101		
City Albemarle	State NC	Zip 28001	City Albemarle	State NC	Zip 28001
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Benjamin Marsh			Director Name Jean Anderson		
Street Address 350 Pee Dee Avenue, Suite 101			Street Address 350 Pee Dee Avenue, Suite 101		
City Albemarle	State NC	Zip 28001	City Albemarle	State NC	Zip 28001
Director Name Madelfia Abb			Director Name See Attached		
Street Address 350 Pee Dee Avenue, Suite 101			Street Address 350 Pee Dee Avenue, Suite 101		
City Albemarle	State NC	Zip 28001	City Albemarle	State NC	Zip 28001
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Tammy T. Geis				Date 06.28.2023	
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

List of additional Directors

Entity ID No.: 001749537

- **Bill Austin - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Kent Earnhardt, Ph.D, JD - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Jeff Gaskin - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Bob Goodale - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Kara Guerriero - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Jeffrey Irvin - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Mike McCrann - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Duncan E. Munn - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Deborah Stark - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**
- **Elizabeth Underwood - 350 Pee Dee Avenue, Suite 101, Albemarle, NC 28001**