



State of Rhode Island
Department of State - Business Services Division

RECD RI SOS BSD
2023 OCT 23 PM 3:24:00
STAMP

Annual Report for the year: 2022

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 001697244		2. Exact name of the Corporation Paradigm Biblical Counseling			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The purpose of Paradigm Biblical Counseling is to point people toward hope through mental health treatment.			
4. NAICS Code 624190					
6. Principal Office Address 400 Massasoit Ave, Ste 111			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kevin McKay			Vice-President Name		
Street Address 14 Bernard Ave			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Mark Russell			Treasurer Name Trey Alcorn		
Street Address 10 Circle Dr			Street Address 922 Northlake Dr		
City Riverside	State RI	Zip 02915	City Richardson	State TX	Zip 75080
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 Kevin McKay			Director Name Daniel Howe		
Street Address 14 Bernard Ave			Street Address 19 Serpentine Rd		
City Barrington	State RI	Zip 02806	City Warren	State RI	Zip 02000
Director Name Mark Russell			Director Name Trey Alcorn		
Street Address 10 Circle Dr			Street Address 922 Northlake Dr		
City Riverside	State RI	Zip 02915	City Richardson	State TX	Zip 75080
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 Mark Russell					Date 10-20-2023
Signature of Officer/Authorized Representative <i>Mark Russell</i>					

FILED

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

OCT 23 2023
BY M3PIW

A.A. 3:24pm.