



**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001757164

**2. Name of Corporation** Embrace RI

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

623220

**4. Principal Office Address**

No. and Street: 311 MAYFIELD AVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

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

OUR VISION IS TO CREATE A WORLD WHERE INDIVIDUALS  
STRUGGLING WITH SUBSTANCE ABUSE ARE EMPOWERED TO  
OVERCOME ADDICTION AND LEAD FULFILLING LIVES. WE STRIVE  
TO PROVIDE COMPREHENSIVE SUPPORT SERVICES THAT  
ADDRESS THE PHYSICAL, EMOTIONAL, AND SOCIAL ASPECTS  
OF ADDICTION, AND TO PROMOTE AWARENESS AND  
EDUCATION AROUND SUBSTANCE ABUSE IN OUR  
COMMUNITIES. THROUGH COLLABORATION WITH HEALTHCARE

PROVIDERS, COMMUNITY ORGANIZATIONS, AND INDIVIDUALS AFFECTED BY ADDICTION, WE AIM TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE ABUSE AND FOSTER A CULTURE OF COMPASSION AND UNDERSTANDING. OUR ULTIMATE GOAL IS TO HELP THOSE STRUGGLING WITH ADDICTION ACHIEVE LONG-TERM RECOVERY AND BECOME ACTIVE, CONTRIBUTING MEMBERS OF SOCIETY.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CASSIE NEWELL	33 NORTH STREET APT. B DOUGLAS , MA 01516 USA
TREASURER	SUSAN CAMPANELLI	351 NEW LONDON AVE UNIT 507 WARWICK , RI 02886 USA
SECRETARY	MICHELLE PORTER	54 WOOLEY STREET FALL RIVER , MA 02724 USA
BOARD MEMBER	ABBY ANTWI	7B PARKER STREET LINCOLN, RI 02865 USA
VICE PRESIDENT	KATLYN AUTY	2 PLEASANT VIEW DRIVE LITTLE COMPTON , RI 02837 USA
DIRECTOR	LUIS ANTHONY ESCOBAR	311 MAYFIELD AVENUE CRANSTON, RI 02920 USA
DIRECTOR	DESIREE SOTO	11 VIREO NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CASSIE NEWELL	33 NORTH STREET APT B DOUGLAS , MA 01516 USA
DIRECTOR	KATLYN AUTY	2 PLEASANT VIEW DRIVE LITTLE COMPTON , RI 02837 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**

LUIS A. ESCOBAR 311 MAYFIELD AVENUE CRANSTON , RI 02920

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

**Signed this 7 Day of November, 2023 at 2:30:20 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 DESIREE SOTO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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