



**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. 001726709

2. Name of Corporation Children and Youth Cabinet

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

624110

4. Principal Office Address

No. and Street: 188 VALLEY STREET
BUILDING 3L, SUITE 145

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

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

IN A CLIMATE OF SCARCE RESOURCES AND GREAT NEED, THE CHILDREN AND YOUTH CABINET OF RHODE ISLAND (CYC) ACTS AS A NIMBLE INTERMEDIARY BRINGING TOGETHER RESIDENTS, PUBLIC SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND FUNDERS TO DELIVER EVIDENCE BASED BEHAVIORAL HEALTH SERVICES THAT IMPROVE THE LIVES OF CHILDREN AND YOUTH. GOALS ARE DECIDED BY RESIDENTS, EVIDENCE IS PRIORITIZED AND OUTCOMES INCLUDE REDUCED TRAUMA AND IMPROVED WELLBEING.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MARGARET FLYNN-KHAN	68 DEERTRACK LANE IRVINGTON, NY 10533 USA
DIRECTOR	SUSAN LUSI	188 VALLEY STREET PROVIDENCE, RI 02909 US
DIRECTOR	LEON ARAGON	188 VALLEY STREET PROVIDENCE, RI 02909 US

**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**

REBECCA BOXX 188 VALLEY STREET BUILDING 3L, SUITE 145 PROVIDENCE , RI 02909

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

Signed this 25 Day of January, 2024 at 2:47:54 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 JERRON SEYMOUR
Signature of Authorized Person

Form No. 631
Revised 09/07

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