



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.** 001736020

**2. Name of Corporation** Rhode Island Association of Addiction Professionals RIAAP

**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  
813920

**4. Principal Office Address**

No. and Street: 19 JENNIFER DRIVE

City or Town: BRISTOL

State: RI

Zip: 02809

Country: US

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

TO HAVE A RI AFFILIATE TO THE NATIONAL COUNCIL ON ADDICTION PROFESSIONALS

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	NORMAND BRISSETTE	154 WATERMAN ST PROVIDENCE, RI 02906 USA
DIRECTOR	LISA PETERSON	19 JENNIFER DR BRISTOL, RI 02809 USA
DIRECTOR	THOMAS JOYCE	48 INDIAN TRAIL COVENTRY, RI 02816 USA
DIRECTOR	GEORGE OTOOLE	641 POST RD WARWICH, RI 02888 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**

LISA PETERSON 19 JENNIFER DRIVE BRISTOL , RI 02809

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

**Signed this 30 Day of January, 2024 at 10:04:47 AM 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 LISA PETERSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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