



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 9 PM 2:14:40

Annual Report for the year: 2023

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 <b>001024980</b>	2. Exact name of the Corporation <b>Opioid Treatment Association of Rhode Island (OTARI)</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>OUR PURPOSE IS TO EDUCATE THE PUBLIC ON THE TREATMENT OF SUBSTANCE USE DISORDER</b>
4. NAICS Code <b>813212</b>	

6. Principal Office Address <b>1052 Park Ave</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
---	-------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Linda Hurley</b>			Director Name <b>Gregg McWilliams</b>		
Street Address <b>1052 Park Ave</b>			Street Address <b>31 North Union St</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Alisha Bourdeau</b>			Director Name		
Street Address <b>1052 Park Ave</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip

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.**

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

Name of Officer/Authorized Representative <b>Alisha Bourdeau</b>	Date <b>02/08/2024</b>
---	---------------------------

Signature of Officer/Authorized Representative <i>Alisha Bourdeau</i>	<b>FILED 2/6</b> <b>FEB - 9 2024</b>
--	---

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

BY 2196C