



State of Rhode Island
Department of State - Business Services Division

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.

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RI DEPT. OF STATE
BUS SVCS DIV
2024 FEB 14 10 2:05

1. Entity ID Number 001700492	2. Exact name of the Corporation Strategic Prevention Partnerships, INC
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Substance use prevention, mental health promotion and training.
4. NAICS Code 624110	

6. Principal Office Address 300 High Point Avenue	City Portsmouth	State RI	Zip 02871
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marjory O'Toole			Vice-President Name NONE		
Street Address 147 Long Highway			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Corey Silvia			Treasurer Name Rebecca Elwell		
Street Address 903 Providence Place			Street Address 73 John Dyer Rd		
City Providence	State RI	Zip 02903	City Little Compton	State RI	Zip 02837

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 Cory Oliveira			Director Name Chris O'Toole		
Street Address 127 Grinnell Ave			Street Address 79 John Dyer Rd		
City Tiverton	State RI	Zip 02878	City Little Compton	State RI	Zip 02837
Director Name Nancy Denuccio			Director Name NONE		
Street Address 8 Vanderbilt Drive			Street Address		
City Narragansett	State RI	Zip 02882	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 Rebecca Elwell	Date 2/4/2024
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Signature of Officer/Authorized Representative **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

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