



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 04 2024

BY

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1. Entity ID Number 001692341		2. Exact name of the Corporation Timberline Recovery Homes of New England, Inc.			
3. Principal Office Address 200 Exchange Street - Unit 516			City Providence	State RI	Zip 02903
4. NAICS Code 623220		6. Brief description of the character of business conducted in Rhode Island To promote and encourage peer living connections			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Raymond Leung			Vice-President Name Mihir Shah		
Street Address 2 Williams Street			Street Address 2 Williams Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Raymond Leung			Treasurer Name Mihir Shah		
Street Address 2 Williams Street			Street Address 2 Williams Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative					Date 2-22-24
Signature of Authorized Representative					

MAIL TO:

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