



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 156

1. Entity ID Number <b>001692341</b>	2. Exact name of the Corporation <b>Timberline Recovery Homes of New England, Inc.</b>
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3. Principal Office Address <b>200 Exchange Street - Unit 516</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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4. NAICS Code <b>623220</b>	6. Brief description of the character of business conducted in Rhode Island <b>To promote and encourage peer living connections</b>
5. State of Incorporation <b>Rhode Island</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 <b>Raymond Leung</b>		Vice-President Name <b>Mihir Shah</b>			
Street Address <b>2 Williams Street</b>		Street Address <b>2 Williams Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Raymond Leung</b>		Treasurer Name <b>Mihir Shah</b>			
Street Address <b>2 Williams Street</b>		Street Address <b>2 Williams Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>		Director Name <b>N/A</b>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>800</b>	<b>CNP</b>	<b>\$0.00</b>

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 <b>2-22-24</b>
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Signature of Authorized Representative
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov