



**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. 001735767

2. Name of Corporation Providing Access to Trauma related Healing - PATH Project

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

813119

4. Principal Office Address

No. and Street: 1395 ATWOOD AVENUE

SUITE 106

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

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

PATH WILL BE A NOT FOR PROFIT ORGANIZATION WHICH WILL PROVIDE EDUCATION, OUTREACH, ADVOCACY, TRAINING, AND RESOURCES TO REDUCE THE STIGMA OF MENTAL HEALTH NEEDS OF THOSE AFFECTED BY TRAUMA

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE LOVEDAY MCGUIRE	1617 SNAKE HILL ROAD NORTH SCITUATE, RI 02857 USA
TREASURER	MATTHEW MCGUIRE	1617 SNAKE HILL ROAD NORTH SCITUATE, RI 02857 USA
SECRETARY	JILLIAN BUNIS	101 SAWYER AVE UNIT 1 DORCHESTER, MA 02125 USA
VICE PRESIDENT	ALEXANDRIA D'ANGELO	14 MANNING STREET NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	LORI TETREULT	15 WOOD HAVEN ROAD PAWTUCKET, RI 02863 USA
DIRECTOR	LISA NIEFORTH	5 WAKE ROBIN ROAD UNIT 2005 LINCOLN, RI 02864 USA
DIRECTOR	HANNAH CRETA	10 DESIREE COURT SMITHFIELD, RI 02917 USA
DIRECTOR	JORDAN MCGUIRE	1617 SNAKE HILL ROAD NORTH SCITUATE, RI 02857 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

MICHELLE LOVEDAY MCGUIRE 1395 ATWOOD AVE, SUITE 106 JOHNSTON , RI 02919

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

Signed this 11 Day of March, 2024 at 8:57:55 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 MICHELLE MCGUIRE
Signature of Authorized Person

Form No. 631
Revised 09/07