



**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. 000051698

2. Name of Corporation Thrive Behavioral Health Inc.

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

621330

4. Principal Office Address

No. and Street: 2756 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

TO PROVIDE CARE AND TREATMENT OF PERSONS WHO POSSESS MENTAL, EMOTIONAL, OR PERSONALITY DISORDERS RELATED TO MENTAL ILLNESS AND OR SUBSTANCE ABUSE.

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	DANIEL KUBAS-MEYER	2756 POST ROAD WARWICK, RI 02886 USA
TREASURER	FREDERICK REINHARDT	2700 POST ROAD WARWICK, RI 02886 USA
SECRETARY	MICHAEL MCCAFFREY	1380 WARWICK AVENUE WARWICK, RI 02886 USA
CHAIR	JENNIFER WHEELERHON	14 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
VICE CHAIR	CHRISTINE KING	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	PAUL O'REILLY	300 METRO CENTER BLVD, #100 WARWICK, RI 02886 USA
DIRECTOR	STEPHEN GUMBLEY	64 NATHANAEL AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	CAROLYN SOUZA	16 KENYON ROAD TIVERTON, RI 02878 USA
DIRECTOR	ROBERT WALKER	300 SIXTH AVENUE, APT 505 EAST GREENWICH, RI 02818 USA
DIRECTOR	RONALD WHITCOMB	15 SPRING LAKE ROAD STERLING, CT 06377 USA
DIRECTOR	ROBERT WADDICOR	31 ANN AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	JAMES ALEXANDER	74 SCENIC DRIVE WEST WARWICK, RI 02893 USA
DIRECTOR	PAUL COUNCIL	PO BOX 67 WEST WARWICK, RI 02893 USA
DIRECTOR	JENNIFERR STOUTD	11 MENDON ROAD, UNIT F ATTLEBORO, MA 02703 USA
DIRECTOR	YONATAN DE LA CRUZ	1218 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JUDITH DREW	18 BUCKBOARD DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	SHARLYN MARTINEZ	596 CHARLES STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL RASPALLO	235 LIBERTY LANE HARRISVILLE, RI 02830 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**

DANIEL S. KUBAS-MEYER 2756 POST ROAD, SUITE 104 WARWICK , RI 02886

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

Signed this 15 Day of March, 2024 at 9:38:41 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 DEBRA CARROLL

Signature of Authorized Person

Form No. 631
Revised 09/07

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