



**State of Rhode Island
Department of State - Business Services Division**

APR 10 2024 TAMP

Annual Report for the year: 2024

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.

435 ²
OFFICE OF THE CLERK OF THE SUPREME COURT
STATE OF RHODE ISLAND
USE ONLY

1. Entity ID Number 103365	2. Exact name of the Corporation Rhode Island Association for Marriage and Family Therapy, Inc.
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To promote the common professional interest of marital and family therapists.
4. NAICS Code 624190	

6. Principal Office Address 5840 Post Road	City East Greenwich	State RI	Zip 02818
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gina MacLure, LMFT			Vice-President Name Tiffani Kisler, LMFT		
Street Address 2 Lower College Road			Street Address 2 Lower College Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Jody Eyre, LMFT			Treasurer Name Michelle Solitro, LMFT		
Street Address 131 Pelham Street			Street Address 5840 Post Road		
City Newport	State RI	Zip 02840	City East Greenwich	State RI	Zip 02818

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 Gina MacLure, LMFT			Director Name Tiffani Kisler, LMFT		
Street Address 2 Lower College Road			Street Address 2 Lower College Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Director Name Jody Eyre, LMFT			Director Name Michelle Solitro, LMFT		
Street Address 131 Pelham Street			Street Address 5840 Post Road		
City Newport	State RI	Zip 02840	City East Greenwich	State RI	Zip 02818

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 Gina MacLure, LMFT	Date 3/8/24
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Signature of Officer/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