State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

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. 001736477

2. Name of Corporation Harter Recovery Consulting

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
813319

4. Principal Office Address

No. and Street: 59 FERN DRIVE
HARRISVILLE 02830
City or Town: HARRISVILLE State: RI Zip: 02830 Country: USA

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

TO PROVIDE TRAINING AND EDUCATION TO INTERESTED MEMBERS OF COMMUNITY AND COMMUNITY-BASED PEER RECOVERY SUPPORTS.

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
CEO	MICHELLE M HARTER	59 FERN DRIVE, HARRISVILLE, RI 02830 USA
DIRECTOR	MICHELLE M HARTER	59 FERN DRIVE HARRISVILLE , RI 02830 USA
DIRECTOR	MONICA SMITH	27 GAZZA ROAD MAPLEVILLE, RI 02839 USA
DIRECTOR	AIMEE HAUPT	530 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	GERALDINE DAVENPORT	52 SHEPARD RD STURBRIDGE, MA 01566 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 HARTER 59 FERN DRIVE HARRISVILLE , RI 02830

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

Signed this 2 Day of May, 2024 at 10:24:50 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 HARTER
Signature of Authorized Person

Form No. 631
Revised 09/07