

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

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CORPORATIONS	ان	•

Annual Report for the year: 2023

Annual Report for the year:  Non-Profit Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee If:	<u> </u>	 May 31.	202	4 JUN 17 PM 3:2	29		
1. Entity ID Number 001731536	2. Exact name of the Corporation Riverside Community Care, Inc.						
3. State of Incorporation Massachusetts	5. Brief description of the character of business conducted in Rhode Island						
4. NAICS Code 813219	Riverside Community Care, Inc. was organized for the purpose of providing behavioral healthcare and human services.						
6. Principal Office Address 270 Bridge Street, Suite 301			City Dedham	State MA	Zip 02026		
7. List ALL officers (names and add	Iresses)			Check the box to indicate ar	attachment 🗌		
President Name Mr. Vicker V DiGravio III			Vice-President Name				
Street Address 270 Bridge Street, Suite 301			Street Address				
<sup>City</sup> Dedham	State MA	<sup>Zip</sup> 02026	City	State	Zıp		
Secretary Name Melody Mak-Jurkauskas			Treasurer Name Mark Whalen				
Street Address 270 Bridge Street, Suite 301			Street Address 270 Bridge Street, Suite 301				
City Dedham	State MA	<sup>Žip</sup> 02026	City Dedham	State MA	Z'2 02026		
8. List ALL directors (names and ad	dresses). RI Corp	orations MUST I	ist at least THREE directors	Check the box to indicate a	n attachment		
Director Name Alan Posner			Director Name				
Street Address 270 Bridge Street, Suite 301			Street Address				
<sup>City</sup> Dedham	State MA	<sup>Zip</sup> 02026	City	State	Zip		
Director Name Eddie Klayman			Director Name Eric Morse				
Street Address 270 Bridge Street, Suite 301			Street Address 270 Bridge Street, Suite 301				
<sup>City</sup> Dedham	State MA	<sup>Zip</sup> 02026	<sup>City</sup> Dedham	State MA	Zip 02026		
9. The Registered Agent information	on of record with th	ne RI Department	t of State is accurate. Chang	es require filing Form 641			
Under penalty of perjury, I decia statements, and that all stateme	re and affirm that nts contained he	t I have examine rein are true and	nd this report, including an d correct.	y accompanying sched	ules and		
This report must be signed by either the Pre-	sident, Vice-President.	Secretary, Assistant S	ecretary, Treasurer, duly Authorized	Representative, Receiver or Tru	stee.		
Name of Officer/Authorized Representative				Date 6/15	412.1		
Signature of Officer/Authorized Re	presentative	->					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ni.gov

FILED

FORM 631- Revised: 12/2023

## List of Directors Continued:

- 1. Annette Shine 270 Bridge St Ste 301 Dedham, MA 02026
- 2. Ellis Seidman 270 Bridge St Ste 301 Dedham, MA 02026
- 3. Frances Arnold 270 Bridge St Ste 301 Dedham, MA 02026
- 4. Hao Wang 270 Bridge St Ste 301 Dedham, MA 02026
- 5. Jack Connolly 270 Bridge St Ste 301 Dedham, MA 02026
- 6. James Hardeman 270 Bridge St Ste 301 Dedham, MA 02026
- 7. Jamie Evans 270 Bridge St Ste 301 Dedham, MA 02026
- 8. Joseph Wadlinger 270 Bridge St Ste 301 Dedham, MA 02026
- 9. Kimberly Herman 270 Bridge St Ste 301 Dedham, MA 02026
- 10. Megon Barrow 270 Bridge St Ste 301 Dedham, MA 02026
- 11. Rodney Laurenz 270 Bridge St Ste 301 Dedham, MA 02026
- 12. Rosemary Anderson 270 Bridge St Ste 301 Dedham, MA 02026
- 13. Susan Flannery 270 Bridge St Ste 301 Dedham, MA 02026