

**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.** 001701093**2. Name of Corporation** Providence Intervention Center (PIC)**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

813110**4. Principal Office Address**No. and Street: 19 HANOVER STREETCity or Town: PROVIDENCEState: RIZip: 02907Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**PROVIDE PSYCHIATRIC SERVICES TO THE MENTALLY ILL**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	JOSEPHINE ST JOHN	19 HANOVER STREET PROVIDENCE, RI 02907 UNI
DIRECTOR	JOSEPHINE ST. JOHN	19 HANOVER STREET PROVIDENCE, RI 02907 USA
DIRECTOR	PHILLIP ST. JOHN	1613 COTTAGEWOOD DR BRANDON, FL 33510 USA
DIRECTOR	KENNETH RICHARDS	3 RICCI DRIVE NORTH PROVIDENCE, RI 02911 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**

JOSEPHINE ST. JOHN 19 HANOVER STREET PROVIDENCE , RI 02907

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

**Signed this 5 Day of July, 2024 at 1:56:47 PM 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 JOSEPHINE NONE ST JOHN  
Signature of Authorized Person

Form No. 631  
Revised 09/07