



**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.** 001705961

**2. Name of Corporation** Next Step Sober Living

**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

624221

**4. Principal Office Address**

No. and Street: 1619 LONSDALE AVENUE

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

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

PROVIDE HOUSING, CHRIST CENTERED COUNSELING LIFE SKILLS, RECOVERY FROM SUBSTANCE ABUSE AND ADDICTIONS

**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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN GOMES	17 BEACON PARK DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	DAVID K. HALLIGAN	27 DIXEN AVENUE BRISTOL, RI 02809 USA
DIRECTOR	DAVID HOROWITZ	1619 LONSDALE AVENUE LINCOLN, RI 02865 USA
DIRECTOR	STEVEN GOMES	17 BEACON PARK DRIVRE RIVERSIDE, RI 02915 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**

REV. STEVEN P. GOMES 17 BEACON PARK DRIVE RIVERSIDE , RI 02915

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

**Signed this 18 Day of July, 2024 at 3:03:22 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 STEVEN GOMES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved