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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
001755452	Providence METRO Integrated Health
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Youth MENTORSHIP / PEER SUPPORT AND MENTORSHIP. LEADERSHIP DEVELOPMENT
4. NAICS Code	
624190	

6. Principal Office Address	City	State	Zip
56 ALDEN Drive	West Warwick	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Albert Cassell JR	Crystal Cassell
Street Address: 56 ALDEN DR	Street Address: 56 Alden Drive
City: West Warwick State: RI Zip: 02893	City: West Warwick State: RI Zip: 02893
Secretary Name	**Treasurer Name**
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Aliyah Cassell	Crystal Cassell
Street Address: 56 Alden Drive	Street Address: 56 Alden Drive
City: West Warwick State: RI Zip: 02893	City: West Warwick State: RI Zip: 02893
Director Name: Asaiah Cassell	Director Name
Street Address: 56 Alden Drive	Street Address
City: West Warwick State: RI Zip: 02893	City State Zip

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	Date
Albert B Cassell JR	July 29, 2024

Signature of Officer/Authorized Representative: Albert B Cassell JR

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAIL FILED 306

JUL 29 2024
BY KBTHR

FORM 631- Revised: 04/2023