



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number 001755482		2. Exact name of the Corporation Providence Metro Integrated Health	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Youth mentorship / peer support and mentorship. Leadership Development	
4. NAICS Code 624190			
6. Principal Office Address 56 ALDEN Drive		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Albert Cassell Jr		Vice-President Name 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 Alijah Cassell		Director Name 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 RI		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 Albert B Cassell Jr			Date July 29, 2024
Signature of Officer/Authorized Representative 			

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

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JUL 29 2024

BY KBT-HR

FORM 631- Revised: 04/2023