



**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. 000027420

2. Name of Corporation Newport County Community Mental Health Center, Inc.

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
622310

4. Principal Office Address

No. and Street: 127 JOHNNY CAKE HILL ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

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

MENTAL HEALTH SERVICES

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
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PRESIDENT	DAYNA GLADSTEIN	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
TREASURER	JOSEPH ARVER	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
SECRETARY	HILLARY DAVIDSON	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
CEO	DAYNA GLADSTEIN	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
CFO	AKINOLA OGUNGBADERO	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
BOARD CHAIR	NICKI COLOSI-TRILLING	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
VICE CHAIR	MADELINE TURANO	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	BARBARA AUDINO	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	TYLER BERNADYN	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	KAREN CADWALADER	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	JANICE DEFRANCIS	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	BRIAN GEER	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	MARK HORAN	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	ANGELA MCCALLA	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	OSASEMWINHIA OGBOGHODO	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	KENDRA TOPPA	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	BARBARA WINKLER	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	A. LAVAZ WATSON	127 JOHNNYCAKE HILL RD. MIDDLETOWN, RI 02842 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

JAMES M. LEHANE 127 JOHNNYCAKE HILL ROAD MIDDLETOWN , RI 02842

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

Signed this 16 Day of August, 2024 at 12:33:19 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 AKINOLA OGUNGBADERO
Signature of Authorized Person

Form No. 631
Revised 09/07

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