



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. Corporate ID No.** 001663121

**2. Name of Corporation** Center for Self Care

**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  
621420

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 575 EAST MAIN ROAD  
UNIT 4

City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE MENTAL HEALTH, BEHAVIORAL HEALTH, AND WELLNESS SERVICES TO ADULTS, CHILDREN, FAMILIES, OR INDIVIDUALS TO ENCOURAGE IMPROVED SELF-CARE TO ANYONE AFFECTED/IMPACTED BY MENTAL/BEHAVIORAL HEALTH ISSUES IN THE GREATER NEWPORT COUNTY AREA COMMUNITY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MARCIA TRYON	575 EAST MAIN RD. MIDDLETOWN , RI 02842 USA
PRESIDENT	TIFFANY BOURQUIN	575 EAST MAIN RD. MIDDLETOWN , RI 02842 USA
DIRECTOR	TIFFANY BOURQUIN	575 EAST MAIN MIDDLETOWN , RI 02842 USA
DIRECTOR	JOSEPH K BOURQUIN	575 EAST MAIN RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	HONORIO LOPES	575 EAST MAIN RD. MIDDLETOWN, RI 02842 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

TIFFANY BOURQUIN 575 EAST MAIN ROAD, 2ND FLOOR MIDDLETOWN , RI 02842

Signed this 5 Day of September, 2024 at 3:54:41 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 TIFFANY BOURQUIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

September 05, 2024 03:54 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

