



**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 2025: 2025

1. Corporate ID No. 000028381

2. Name of Corporation Mental Health Association of Rhode Island

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

813319

4. Principal Office Address

No. and Street: 345 BLACKSTONE BLVD.,
CENTER HOUSE ROOM C-98

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

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

THE PROMOTION OF GOOD MENTAL HEALTH, THE PREVENTION OF MENTAL ILLNESS AND THE IMPROVEMENT OF MENTAL HEALTH SERVICES IN RHODE ISLAND.

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
EXECUTIVE DIRECTOR	LAURIE-MARIE PISCIOTTA	50 HILLSIDE AVE. PROVIDENCE, RI 02906 USA
PRESIDENT	SANDRA VICTORINO	157 CYPRESS STREET PROVIDENCE, RI 02906 USA
SECRETARY	JUDITH FOX ESQ	93 MOORLAND AVENUE CRANSTON, RI 02905 USA
DIRECTOR	KEN PARISEAU	36 DEXTERDALE ROAD PROVIDENCE, RI 02906 USA
DIRECTOR	PRACHI SHASHIKANT KENE PHD	129 DAWN MARIE COURT NORTH KINGSTOWN, RI 02852 USA
TREASURER	LEONARD RAMOS JR	4 BARONE COURT PROVIDENCE, RI 02904 USA
DIRECTOR	PATRICIA L BEAUCHEMIN LICSW	9 RIVERS EDGE DRIVE COVENTRY, RI 02816 USA
DIRECTOR	MAUREEN APPERSON	75 GLEN DR 3B WEST WARWICK, RI 02893 US
DIRECTOR	DAVID DOVE	194 WATERMAN ST. SUITE 7 PROVIDENCE, RI 02906 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

LAURIE-MARIE PISCIOTTA 345 BLACKSTONE BLVD. PROVIDENCE , RI 02906

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

Signed this 19 Day of February, 2025 at 12:34:20 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 TERENCE CHARLES
Signature of Authorized Person

Form No. 631
Revised 09/07