



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

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.

FIELD

FEB 18 2025  
BY 214

1. Entity ID Number <b>001690252</b>		2. Exact name of the Corporation <b>NAMI Block Island, Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Advocate, educate and fight stigma surrounding behavioral health and addiction in the community.</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>1016 Center Rd</b>		City <b>Block Island</b>	State <b>RI</b>
		Zip <b>02807</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>William Young</b>		Vice-President Name <b>Mary Lutz</b>	
Street Address <b>1016 Center Road</b>		Street Address <b>Corn Neck Road</b>	
City <b>Block Island</b>	State	City <b>Block Island</b>	State <b>RI</b>
Zip		Zip <b>02807</b>	
Secretary Name <b>Vacant</b>		Treasurer Name <b>Shannon Morgan</b>	
Street Address		Street Address <b>West Side Rd</b>	
City	State	City <b>Block Island</b>	State <b>RI</b>
Zip		Zip <b>02807</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Patrick Tengwall</b>		Director Name <b>Beth Tengwall</b>	
Street Address <b>High Street</b>		Street Address <b>High Street</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
Director Name <b>Jen Seebeck</b>		Director Name	
Street Address <b>West Side Rd</b>		Street Address	
City <b>Block Island</b>	State <b>RI</b>	City	State
Zip <b>02807</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>William C. Young</b>			Date <b>2/12/2025</b>
Signature of Officer/Authorized Representative 			

MAIL TO:  
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