



**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.** 000073430

**2. Name of Corporation** Parent Support Network of Rhode Island, 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

813319

**4. Principal Office Address**

No. and Street: 535 CENTERVILLE ROAD  
SUITE 202

City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

PROVIDE STATE-WIDE NETWORK OF SUPPORT GROUPS.

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BRANDY BATES	221 HARTFORD PIKW FOSTER, RI 02825 USA
DIRECTOR	MICHAEL FERRER	5 BARBATO DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	MOLLY WHITE	53 KERR RD PORTSMOUTH, RI 02871 USA
DIRECTOR	ESTHER PICON	PO BOX 9190 PROVIDENCE , RI 02940 USA
DIRECTOR	DEIDRE JONES	266 FRUITHILL AVENUE APT 18 NORTH PROVIDENCE , RI 02911 USA
DIRECTOR	JAMES ALEXANDER	74 SCENIC DRIVE WEST WARWICK , RI 02893 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**

LISA CONLAN 535 CENTERVILLE ROAD, SUITE 202 WARWICK , RI 02886

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

**Signed this 26 Day of February, 2025 at 4:31:39 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 LISA CONLAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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