



**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. 001780926

2. Name of Corporation Here 4 U RI

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

624110

4. Principal Office Address

No. and Street: 44 QUAKER DR

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

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

THE PURPOSE OF HERE 4 U RI NONPROFIT IS TO ENSURE THAT EVERY CHILD AND YOUTH IN PROVIDENCE, RHODE ISLAND, HAS ACCESS TO QUALITY MENTAL HEALTH

SERVICES, REGARDLESS OF THEIR ABILITY TO TRAVEL TO A THERAPIST'S OFFICE. WE

AIM TO BREAK DOWN BARRIERS TO MENTAL HEALTH CARE, SUCH AS LACK OF TRANSPORTATION AND PRIVACY CONCERNS WITH VIRTUAL THERAPY, BY BRINGING

THERAPY SERVICES DIRECTLY TO THE FAMILIES WHO NEED THEM THROUGH MOBILE THERAPY BUSES/VANS. THE BUSES/VANS ARE TRANSFORMED INTO THERAPY OFFICE AND HAVE EVERYTHING THEY NEED INSIDE TO DO PLAY THERAPY, PSYCHOTHERAPY, GROUP THERAPY, FAMILY THERAPY, AND MUCH MORE.

THIS INITIATIVE FOCUSES ON PROVIDING TIMELY AND EFFECTIVE MENTAL HEALTH INTERVENTIONS, PROMOTING MENTAL HEALTH AWARENESS, AND OFFERING A SAFE, SUPPORTIVE ENVIRONMENT FOR THERAPY SESSIONS. BY REACHING UNDERSERVED COMMUNITIES AND OFFERING SERVICES LIKE PLAY THERAPY FOR CHILDREN AND GROUP THERAPY FOR TEENS, THE HERE 4 U RI MOBILE THERAPY BUS/VAN STRIVES TO CREATE A BRIGHTER, HEALTHIER FUTURE FOR PROVIDENCE CHILDREN, YOUTH, AND FAMILIES AND HOPEFULLY EXPAND ENOUGH TO SERVICE ALL OF RI, BECAUSE EVERYONE DESERVES A REAL CHANCE TO COPE AND HEAL.

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
CEO	KIMBERLY MARTINEZ	44 QUAKER DR WEST WARWICK, RI 02893 USA
INCORPORATOR	KIMBERLY MARTINEZ	44 QUAKER DR WEST WARWICK, RI 02893 USA
DIRECTOR	JARELYS QUINONES	50 EPWORTH AVE WEST WARWICK, RI 02893 USA
DIRECTOR	JARTIZA FELICIANO	3595 POST RD WARWICK, RI 02886 USA
DIRECTOR	KIMBERLY MARTINEZ	44 QUAKER 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**

KIMBERLY MARTINEZ 44 QUAKER DR WEST WARWICK , RI 02893

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

Signed this 18 Day of April, 2025 at 4:14:48 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 KIMBERLY MARTINEZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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