



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: 2024

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.

1. Entity ID Number 001024980	2. Exact name of the Corporation Opioid Treatment Association of Rhode Island (OTARI)
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island OUR PURPOSE IS TO EDUCATE THE PUBLIC ON THE TREATMENT OF SUBSTANCE USE DISORDER
4. NAICS Code 813212	

6. Principal Office Address 1052 Park Ave	City Cranston	State RI	Zip 02910
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linda Hurley			Director Name Gregg McWilliams		
Street Address 1052 Park Ave			Street Address 31 North Union St		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Director Name Alisha Bourdeau			Director Name		
Street Address 1052 Park Ave			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative Alisha Bourdeau	Date 02/08/2024
Signature of Officer/Authorized Representative <i>Alisha Bourdeau</i>	

FILED 2/7

FEB - 9 2024

BY 2196C

MAIL TO:
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