



**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 2024: 2024

1. Corporate ID No. 000027061

2. Name of Corporation FELLOWSHIP HEALTH RESOURCES, 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

623220

4. Principal Office Address

No. and Street: 24 ALBION ROAD

SUITE 420

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

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

THE OPERATION OF GROUP HOMES AND OTHER PROGRAMS FOR THE MENTALLY
DISABLED.EXCLUSIVELY CHARITABLE EDUCATIONAL RELIGIOUS LITERARY AND
OD
SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF THE
INTERNAL
REVENUE CODE

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
PRESIDENT	CHARLES S MCLISTER	111 ELWYN ROAD ELWYN, PA 19063 USA
TREASURER	STEPHEN DUGGAN	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
SECRETARY	RUSSELL SYLVIA	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
CFO	NIKOLE CABREY	111 ELWYN ROAD ELWYN, PA 19063 USA
CHAIR	WILLIAM EMMET	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
VICE CHAIR	KELLY MCGEE	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
ASSISTANT TREASURER	ROBERT COLUCCI	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
DIRECTOR	NEAL BROWN	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
DIRECTOR	LEN KIRBY	111 ELWYN ROAD ELWYN, PA 19063 USA
DIRECTOR	MICHAEL OWEN	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 USA
DIRECTOR	JAMES SEBRA	111 ELWYN ROAD ELWYN, PA 19063 USA
DIRECTOR	RICHARD SHEOLA	24 ALBION ROAD, SUITE 420 LINCOLN, RI 02865 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**

DEBRA M. PAUL 24 ALBION ROAD, SUITE 420 LINCOLN , RI 02865

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

Signed this 1 Day of May, 2024 at 10:14:46 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 DAVID BOWERS
Signature of Authorized Person

Form No. 631
Revised 09/07

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