

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215501219
1.) CORPORATION NAME: <b>Friends of the Centre for Addiction and MentalHealth</b>		DUE DATE: <b>2/28/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SUSAN L Q FLAHERTY 1600 N OAK ST STE 910 ARLINGTON, VA</b>		SCC ID NO: <b>07613201</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1600 N. OAK ST STE 910 CITY/ST/ZIP: ARLINGTON, VA 22209		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: HOLLIS BARRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIR/PRES		
ADDRESS: 4 BIRCH MILL ROAD		
CITY/ST/ZIP/CO: LYME, CT 06371		
NAME: JULES ROSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIR/SEC		
ADDRESS: C/O PO BOX 1620		
CITY/ST/ZIP/CO: EAGLE, CO 81631		
NAME: JOAN R BIGHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: DIR/SEC		
ADDRESS: 48 PEARL ST		
CITY/ST/ZIP/CO: MYSTIC, CT 06355		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ HOLLIS BARRY	HOLLIS BARRY, DIR/PRES	12/24/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		