



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 121223		2. Name of Corporation ACTION BASED ENTERPRISES			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 115 RICARD STREET		City WOONSOCKET	Zip 02895
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROVISION OF SPECIAL SERVICES FOR YOUTH AND ADULTS WITH SPECIAL NEEDS AND DEVELOPMENTAL DISABILITIES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS EVANS			Vice President Name JAN PETERSON		
Street Address 95 GROVE STREET			Street Address PO BOX 977		
City NORWELL	State MA	Zip 02061	City GLENDALE	State RI	Zip 02826
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name ROBERT A. PURCELL			Director Name JAMES D. WILLIAMS		
Street Address 6 LISTER DRIVE			Street Address 20 MARIBETH DRIVE		
City BARRINGTON	State RI	Zip 02806	City JOHNSTON	State RI	Zip 02919
Director Name DENISE BLOOM			Director Name NONE		
Street Address 306 AYLSWORTH AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JAMES WILLIAMS			Address		
Address 20 MARIBETH DRIVE			City JOHNSTON	Zip 02919	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	<b>FILED</b>
Check No.	JUN 17 2008
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

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.

*Thomas Evans* 6-4-08  
Signature of Officer Date  
THOMAS EVANS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer