State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2014

1. Corporate ID No. 000028515

2. Name of Corporation Re-Focus, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 45 GREELEY STREET
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

AN AGENCY PROVIDING SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MARYPAT MURPHY	780 ACADEMY AVE PROVIDENCE, RI 02908 USA
SECRETARY	PATRICIA FLAHERTY	25 SCENERY LANE JOHNSTON, RI 02919 USA
PRESIDENT	CHRISTINE KAVANAGH, RSM	125 TYNDALL AVENUE

		PROVIDENCE, RI 02908-2912 USA
VICE PRESIDENT	JOHN MCCAUGHEY	163 BARTLETT AVE CRANSTON, RI 02905 USA
DIRECTOR	CHRISTINE KAVANAGH RSM	125 TYNDALL AVE PROVIDENCE, RI 02904 USA
DIRECTOR	JOHN MCCAUGHEY	163 BARTLETT AVE CRANSTON, RI 02905 USA
DIRECTOR	MARYPATRICIA MURPHY RSM	780 ACADEMY AVE PROVIDENCE, RI 02908 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHRISTINE M. KAVANAGH 45 GREELEY STREET PROVIDENCE , RI 02904

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

Signed this 1 Day of May, 2014 at 1:22:40 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 CHRISTINE KAVANAGH, RSM
Signature of Authorized Person

Form No. 631
Revised 09/07