



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. 000121223

2. Name of Corporation Action Based Enterprises

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 141 MAIN STREET

City or Town: WOONSOCKET

State: RI

Zip: 02895

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

FOR THE DELIVERY OF SPECIAL EDUCATION SERVICES TO CHILDREN THAT QUALIFY UNDER THE INDIVIDUALS WITH DISABILITIES ACT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS EVANS	95 GROVE STREET NORWELL, MA 02061- USA
DIRECTOR	ROBERT A. PURCELL	6 LISTER DRIVE BARRINGTON, RI 02806

VICE PRESIDENT	JAN PETERSON	PO BOX 977 GLENDALE, RI 02826 USA
DIRECTOR	JAMES PURCELL	72 BELLINGHAM STREET MENDON, MA 01756 USA
DIRECTOR	JAMES WILLIAMS	20 MARIBETH DRIVE JOHNSTON, RI 02919 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**

JAMES WILLIAMS 20 MARIBETH DRIVE JOHNSTON , RI 02919-

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

Signed this 3 Day of May, 2014 at 11:04:41 AM 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 JAMES WILLIAMS
Signature of Authorized Person

Form No. 631
Revised 09/07

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