



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 91566		2. Exact name of the Corporation Opportunities Unlimited for People with Differing Abilities, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide community based services to adults with developmental disabilities			
5. Principal office address One Worthington Road		City Cranston	State RI	Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) IN RHODE ISLAND					
President Name Linda N. Ward		Vice-President Name			
Street Address 17 Old Phenix Avenue		Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Marilyn Drummond		Treasurer Name Daniel P. Ward			
Street Address 168 Midwood Street		Street Address 2 Rosewood Lane			
City Cranston	State RI	Zip 02910	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN RHODE ISLAND					
("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda N. Ward		Director Name Marilyn Drummond			
Street Address 17 Old Phenix Avenue		Street Address 168 Midwood Street			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02910
Director Name Daniel P. Ward		Director Name			
Street Address Rosewood Lane		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 07 2014
 27374

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.

Linda N. Ward 5/5/14
 Signature of Officer or Authorized Representative Date
Linda N. Ward
 Print or Type Name of Officer or Authorized Representative