



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.

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|---|--------------------|---|---------------------------|--------------------|---------------------|
| 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

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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.

Signature of Officer or Authorized Representative

Date

Linda N. Ward

Print or Type Name of Officer or Authorized Representative