



**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.<br><b>31822</b>                                                                                                                                           |       | 2. Exact name of the Corporation<br><b>James L. Maher Center Inc</b>                                                                     |      |                    |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Assist individuals with developmental disabilities</b> |      |                    |                     |
| 5. Principal office address<br><b>120 Hillside Avenue</b>                                                                                                                  |       | City<br><b>Newport</b>                                                                                                                   |      | State<br><b>RI</b> | Zip<br><b>02840</b> |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>                                                             |       |                                                                                                                                          |      |                    |                     |
| President Name                                                                                                                                                             |       | Vice-President Name                                                                                                                      |      |                    |                     |
| Street Address                                                                                                                                                             |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                                                                                       | State | Zip                                                                                                                                      | City | State              | Zip                 |
| Secretary Name                                                                                                                                                             |       | Treasurer Name                                                                                                                           |      |                    |                     |
| Street Address                                                                                                                                                             |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                                                                                       | State | Zip                                                                                                                                      | City | State              | Zip                 |
| <b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |                                                                                                                                          |      |                    |                     |
| Director Name                                                                                                                                                              |       | Director Name                                                                                                                            |      |                    |                     |
| Street Address                                                                                                                                                             |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                                                                                       | State | Zip                                                                                                                                      | City | State              | Zip                 |
| Director Name                                                                                                                                                              |       | Director Name                                                                                                                            |      |                    |                     |
| Street Address                                                                                                                                                             |       | Street Address                                                                                                                           |      |                    |                     |
| City                                                                                                                                                                       | State | Zip                                                                                                                                      | City | State              | Zip                 |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>                                                                                                                                 |       |                                                                                                                                          |      |                    |                     |
| 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**

**JUN 04 2014**

**105962**

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.

*Walter Jachna* President 5/13/14  
Signature of Officer or Authorized Representative Date

*Walter Jachna* President  
Print or Type Name of Officer or Authorized Representative



|                                          | <b>Joined<br/>Board</b> |
|------------------------------------------|-------------------------|
| Walter P. Jachna<br>(President)          | Oct. 2005               |
| John S. 'Jack' Casey<br>(Vice President) | Feb. 2012               |
| Barbara A. Burns<br>(Secretary)          | Jun. 2011               |
| Renate R. Marek<br>(Treasurer)           | Jun. 2011               |
| John S. Dugan Jr.<br>(Director)          | Mar. 1988               |
| Peter F. Saunders Jr.<br>(Director)      | Sep. 1990               |
| Joseph E. Reynolds<br>(Director)         | Jan. 2009               |
| Antonio A. 'Tony' Teixeira<br>(Director) | Apr. 2012               |
| Joseph R. Marion III<br>(Director)       | Apr. 2012               |
| Marc W. Mahoney<br>(Director)            | Nov. 2013               |
| Jennifer A. Bristol<br>(Director)        | Nov. 2013               |
| Thomas G. Ouellette<br>(Director)        | Sep. 1979               |
| Daniel J. Oakley<br>(Director)           | Nov. 1982               |
| William Maraziti<br>(Executive Director) | Apr-13                  |