



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

Foreign Non-Profit
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: 2015

1. Corporate ID No. 000116484

2. Name of Corporation ASSOCIATION OF BLIND CITIZENS, INC.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 5 WASHINGTON AVENUE

City or Town: TIVERTON

State: RI Zip: 02878 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1 MARIE CIRCLE

City or Town: HOLBROOK State: MA Zip: 02343 Country:

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

TO ADVANCE RELEVANT CAUSES, INCREASE OPPORTUNITIES IN EDUCATION, EMPLOYMENT, CULTURAL, RECREATIONAL AND OTHER LIFE ACTIVITIES AS WELL AS ENHANCE THE SOCIAL AND ECONOMIC WELL-BEING FOR ALL PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ROBERTA M OLIVEIRA	1 MARIE CIRCLE HOLBROOK, MA 02343 USA
SECRETARY	BRIAN LANGLOIS	18 HUNTER'S RUN PLACE HAVERHILL, MA 01832 USA
VICE PRESIDENT	MIKA PYYHKALA	61 MIDDLE STREET #2

		SO. BOSTON, MA 02127-2473 USA
PRESIDENT	JOHN OLIVEIRA	1 MARIE CIRCLE HOLBROOK, MA 02343- USA
DIRECTOR	JEFF WILSON	67 HANKS STREET LOWELL, MA 01852 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**

JOHN DECOSTA 5 WASHINGTON AVENUE TIVERTON , RI 02878

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

Signed this 9 Day of May, 2015 at 3:52:39 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 JOHN OLIVEIRA
Signature of Authorized Person

Form No. 631
Revised 09/07