



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. 000704972

2. Name of Corporation NAFI Connecticut, Inc.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: 501 CENTERVILLE RD.

City or Town: WARWICK

State: RI Zip: 02886 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

A MULTI SERVICE AGENCY THAT PROVIDES PROGRAMMING CONSULTATION AND INDIVIDUALIZED SUPPORT SERVICES TO YOUTH FAMILIES AND ADULTS

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
PRESIDENT	ANDY QUINN	5 VERMILLION DRIVE AVON, CT 06001 USA
TREASURER	HILDEGARDE PARIS	29 EMERSON WAY CENTERVILLE, MA 02632 USA
CLERK	DAWN ALDERUCCI	62 OLD FARM ROAD NEWINGTON, CT 06111 USA
ASSISTANT CLERK	DIANA BENNETT	98 NORTH LAKE STREET

		LITCHFIELD, CT 06759 USA
DIRECTOR	GLENDALY MACCI	6 PARK PLACE HARTFORD, CT 06106 USA
DIRECTOR	DANIEL NAKAMOTO	238 HIGHLAND AVENUE WINCHESTER, MA 01890 USA
DIRECTOR	AMANDA BUCKINGHAM	46 LEEA WAY TOLLAND, CT 06084 USA
DIRECTOR	WILLIAM BENJAMIN	32 NORMAN DRIVE BLOOMFIELD, CT 06002 USA
DIRECTOR	KIM OPPERMAN	29 PHEASANT CHASE W. HARTFORD, CT 06117 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**

JERRY CARNEVALE 71 GRACE STREET CRANSTON , RI 02910

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

**Signed this 13 Day of June, 2015 at 7:57:29 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 HILDEGARDE PARIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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