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 2015

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.	2. Exact name of the Corporation
795873	SpeakYourMind Foundation
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To create, distribute, and support assistive communication technology products and services for indivduals with motor and speech disabilities

5. Principal office address	City	State	Zip
49 Weybosset Street, Second Floor	Providence	RI	02903

LIST OF OFFICERS (NAMES AND ADDRESSES) - BOX FOR ATTACHMENT ☐

President Name			Vice-President Name		
Brendan McNally			David Rosler		
Street Address			Street Address		
184 Highland Road			123 Sheldon Street		
City	State	Zip	City	State	Zip
Tiverton	RI	02878	Providence	RI	02906
Secretary Name			Treasurer Name		
Brendan McNally			David Rosler		
Street Address			Street Address		
184 Highland Road			123 Sheldon Street		
City	State	Zip	City	State	Zip
Tiverton	RI	02878	Providence	RI	02906

LIST OF DIRECTORS (NAMES AND ADDRESSES) - BOX FOR ATTACHMENT ☐

Director Name			Director Name		
Brendan McNally			David Rosler		
Street Address			Street Address		
184 Highland Road			123 Sheldon Street		
City	State	Zip	City	State	Zip
Tiverton	RI	02878	Providence	RI	02906
Director Name			Director Name		
N. Stevenson Potter			Leigh R. Hochberg		
Street Address			Street Address		
32 Sea Street			47 Salisbury Road		
City	State	Zip	City	State	Zip
Manchester	MA	01944	Brookline	MA	02445

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

[redacted]

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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: 6/15/15

Brendan McNally
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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