



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. 28077		2. Exact name of the Corporation Looking Upwards, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provider of residential, vocational and educational services to persons with developmental disabilities			
5. Principal office address 438 East Main Road			City Middletown	State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathryn Rok			Vice-President Name		
Street Address (Salve) 100 Ochre Point Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Michael Pinto			Treasurer Name Dennis Layfield		
Street Address 140 Boulevard			Street Address 42 Jacqueline Way		
City Middletown	State RI	Zip 02842	City Tiverton	State RI	Zip 02878
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"/>					
Director Name Dana Kent			Director Name Thomas Rose		
Street Address 87 Girard Avenue			Street Address 11 Pennacook		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Dennis Layfield			Director Name		
Street Address 42 Jacqueline Way			Street Address		
City Tiverton	State RI	Zip 02878	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: BY 5112
 FOR SECRETARY OF STATE USE ONLY

FILED

JUN 25 2015

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.

Kathryn Rok 6-17-15
 Signature of Officer or Authorized Representative Date

Kathryn Rok, President

Print or Type Name of Officer or Authorized Representative