



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

**Non-Profit Corporation
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. 000861134

2. Name of Corporation 52-S

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 352
City or Town: WYOMING State: RI Zip: 02898 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

TO PROVIDE EDUCATIONAL, ACADEMIC, SOCIAL, BEHAVIORAL, OCCUPATIONAL THERAPY AND OTHER INSTRUCTIONS AND ASSISTANCE TO CHILDREN WITH SPECIAL NEEDS AND TO FAMILIES WITH SPECIAL NEEDS CHILDREN.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL FOX	42 TALL TIMBERS DRIVE HOPE VALLEY, RI 02832 USA
DIRECTOR	NICOLE CIPRIANI-FOX	42 TALL TIMBERS DRIVE

		HOPE VALLEY, RI 02832 USA
DIRECTOR	DANIEL BASOV	12 STUYVENSANT OVAL, APT 7A NEW YORK, NY 10009 USA
DIRECTOR	MARCIE BEIGEL	540 PRESIDENT ST. SUITE 1E BROOKLYN, NY 11215 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**

MICHAEL FOX 42 TALL TIMBERS DRIVE HOPE VALLEY , RI 02832

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

Signed this 20 Day of July, 2015 at 11:17:30 AM 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 NICOLE CIPRIANI-FOX
Signature of Authorized Person

Form No. 631
Revised 09/07

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