



**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. 000088654

2. Name of Corporation Families for Effective Autism Treatment of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 5 CRANE TERRACE

City or Town: NARRAGANSETT State: RI Zip: 02882 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 RESOURCE ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH AUTISM AND RELATED DISORDERS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DIANE VAUGHN	10 KNIGHT STREET CRANSTON, RI 02920 USA
TREASURER	BRETA COMBS	5 CRANE TERRACE NARRAGANSETT, RI 02882 USA

SECRETARY	NANCY LEVIN	881 GREENWICH AVE WARWICK, RI 02886 USA
VICE PRESIDENT	LESLIE GREEN	45 LIMEROCK DR EAST GREENWICH, RI 02818 USA
DIRECTOR	MICHAEL NAPOLITANO	P.O. BOX 627 ALBION, RI 02802 USA
DIRECTOR	EVE BISARD	245 BELLMAN AVE WARWICK, RI 02889 USA
DIRECTOR	PAUL GREEN	45 LIMEROCK DRIVE EAST GREENWICH, RI 02818 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**

BRETA COMBS 5 CRANE TERRACE NARRAGANSETT , RI 02882

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 6:21:35 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 BRETA COMBS
Signature of Authorized Person

Form No. 631
Revised 09/07

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