

	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	FILED JUL 05 2016 By _____ LOGOUT

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30



Help with this form

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: 2016			
1. Corporate ID No. <u>000088654</u>			
2. Name of Corporation <u>Families for Effective Autism Treatment of Rhode Island</u>			
3. State of Incorporation State: <u>RI</u>			
4. Corporate Address in Rhode Island No. and Street: <u>10 Knight Street</u> City or Town: <u>Cranston</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>			
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 <u>TO PROVIDE RESOURCE ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH AUTISM AND RELATED DISORDERS.</u>			
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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			

ID88654

Delete	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
	DIRECTOR	MICHAEL NAPOLITANO	P.O. BOX 627 ALBION, RI 02802 USA
	VICE PRESIDENT	NANCY LEVIN	881 GREENWHICH AVE. WARWICK, RI 02886 USA
	TREASURER	MICHAEL NAPOLITANO	P.O. BOX 627 ALBION, RI 02802 USA
	SECRETARY	SUSAN SIENKIEWICZ	40 ALHAMBRA CIRCLE CRANSTON, RI 02905 USA
	DIRECTOR	NANCY LEVIN	881 GREENWHICH AVENUE WARWICK, RI 02886 USA
	DIRECTOR	SUSAN SIENKIEWICZ	40 ALHAMBRA CIRCLE CRANSTON, RI 02905 USA
	DIRECTOR	DIANE VAUGHN	10 KNIGHT STREET CRANSTON, RI 02920 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:
Clear Add

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78DIANE L. VAUGHN 10 KNIGHT STREET CRANSTON , RI 02920**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.****FILED****Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Michael Napolitano

Business Name:

No. and Street: P.O. Box 627

- Same Address as -

By _____

City or Town: Albion

State: RI

Zip: 02802

Country: USA

Contact Phone: 401-333-5271 ext:

Contact Email: vicmikels@aol.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 1 Day of July, 2016 at 12:38:52 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

ID88654

true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By Michael Napolitano
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

• Accept Decline

Click HERE to Submit This Information

Form No. 631
Revised 09/07

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JUL 05 2016

By _____