



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

**Foreign Non-Profit
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: 2016

1. Corporate ID No. 001297870

2. Name of Corporation Planned Lifetime Assistance Network of Massachusetts and Rhode Island, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 1340 CENTRE STREET, SUITE 102

City or Town: NEWTON

State: RI Zip: 02459 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 ASSISTANCE AND EDUCATION TO FAMILIES OF INDIVIDUALS WITH DISABILITIES AND DISABLED PERSONS TO CREATE OPPORTUNITES FOR DISABLED PERSON TO PARTICIPATE FULLY IN AND CONTRIBUTE TO THEIR COMMUNITES AS VALUED MEMBERS THROUGH THE USE OF THOUGHTFUL AJND REALISTIC LONG TERM CARE PLANS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID WIZANSKY	12 LINCOLN ROAD BROOKLINE, MA 02445 USA
TREASURER	HAROLD C FORTNA	22 ACADEMY AVENUE

		BRADFORD, MA 01835 USA
CLERK	LAWRENCE HEIMLICH	51 GRALYNN ROAD NEWTON CENTRE, MA 02459 USA
VICE PRESIDENT	CHARLES SILSBY	50 SANBORN AVENUE WEST ROXBURY, MA 02132 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**

ELIZABETH EDGERLY 28 SPRING STREET PAWTUCKET , RI 02860

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

Signed this 1 Day of August, 2016 at 12:22:55 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 PAMELA TAMES
Signature of Authorized Person

Form No. 631
Revised 09/07

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