



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. 000068840

2. Name of Corporation AUTISM SOCIETY OF AMERICA, INC.

3. State of Incorporation

State: DC

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 16603

City or Town: RUMFORD

State: RI

Zip: 02916

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 PROMOTE THE EDUCATION & WELFARE OF INDIVIDUALS WITH AUTISM;  
COLLECTION OF MEMBERSHIP DUES AND/OR DONATIONS.

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	LISA REGO	19 BOWEN STREET RUMFORD, RI 02916 USA
SECRETARY	KELLY KINDER	162 ALGONQUIN RD RUMFORD, RI 02916 USA
VICE PRESIDENT	CLAUDIA SWIADER	58 CRESCENT RD PAWTUCKET, RI 02861 USA
DIRECTOR	JEANNE POWERS	276 PAWTUCKET AVENUE

**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**

LISA REGO 19 BOWEN STREET RUMFORD , RI 02916

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

**Signed this 11 Day of August, 2016 at 1:21:31 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 LISA REGO  
Signature of Authorized Person

Form No. 631  
Revised 09/07