



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 140650		2. Exact name of the Corporation The Arc of Bristol County Inc.			
3. State of Incorporation MA		4. Brief description of the character of business conducted in Rhode Island Non Profit Human Services of individuals with developmental disabilities			
5. Principal office address c/o proAbility, 25 Thurber Boulevard			City Smithfield	State RI	Zip 02917
<input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

MAY 25 2017

Signature of Officer or Authorized Representative

Date

Michael Andrade, Registered Agent

Print or Type Name of Officer or Authorized Representative

BY 1052041

Position	Name	Residential Address	Term Expiration
President	Rich Harwood	2 Country Hill Lane, Plainville, MA 02762	6/30/2018
Vice President	Valerie Zagami	157 Mansfield Avenue, Unit 6, Norton, MA 02766	6/30/2018
Treasurer	Paul Oliveira	103 Agricultural Avenue, Rehoboth, MA 02769	6/30/2018
Clerk	D. Randall Hays III	60 Precinct Street, Lakeville, MA 02347	6/30/2018
Past Chair	Paul Camille	12 Leigh Lane, Riverside, RI 02915	6/30/2018
Director	David Broden	144 Maynard Road, #403D, Framingham, MA 01701	6/30/2018
Director	Scott Scales	66 Constitution Avenue, Attleboro, MA 02703	6/30/2017
Director	William Taksar	12 Remigio Road, N. Attleboro, MA 02763	6/30/2017
Director	Jacqueline Theis	600 County Street, #402, Taunton, MA 02780	6/30/2017
CEO	Michael Andrade	5 Hartford Ave East, Mendon, MA 01756	

FILED

MAY 25 2017

BY

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