



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 26 AM 11:31

1. Entity ID Number 795873		2. Exact name of the Corporation SpeakYourMind Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To create, distribute, and support assistive communication technology products and services for individuals with motor and speech disabilities			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 49 Weybosset Street, Second Floor		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brendan McNally			Vice-President Name David Rosler		
Street Address 184 Highland Road			Street Address 123 Sheldon Street		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02906
Secretary Name Brendan McNally			Treasurer Name David Rosler		
Street Address 184 Highland Road			Street Address 123 Sheldon Street		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brendan McNally			Director Name David Rosler		
Street Address 184 Highland Road			Street Address 123 Sheldon Street		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02906
Director Name N. Stevenson Potter			Director Name Leigh R. Hochberg		
Street Address 32 Sea Street			Street Address 47 Salisbury Road		
City Manchester	State MA	Zip 01944	City Brookline	State MA	Zip 02445
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Brendan McNally					Date 6/15/17
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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