State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Non-Profit Corporation			
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: 2018			
1. Corporate ID No. 000031868			
2. Name of Corporation UNITED CEREBRAL PALSY OF RHODE ISLAND, INC.			
3. State of Incorporation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code 6			
<u>624120</u>			
4. Corporate Address in Rhode Island			
No. and Street: 200 MAIN STREET, SUITE 210			
UCP RHODE ISLAND			
City or Town: PAWTUCKET State: RI Zip: 02860 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 HUMAN SERVICES TO PERSONS WITH CEREBRAL PALSY AND OTHER DISABILITIES			
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Incorporator is no longer applicable; please delete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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER BAZIOTIS MD	200 MAIN STREET, SUITE 350 PAWTUCKET, RI 02860 USA
TREASURER	MICHAEL BREEN	4 TIMBER RIDGE ROAD CHARLESTOWN, RI 02813 USA
SECRETARY	KAREN CAMMUSO PH.D	225 CHAPMAN ST., SUITE 302 PROVIDENCE, RI 02905 USA
CEO	PETER QUATTROMANI	200 MAIN STREET, SUITE 210 PAWTUCKET, RI 02860 USA
CFO	KARL PROVOST	200 MAIN STREET, SUITE 210 PAWTUCKET, RI 02860 USA
DIRECTOR	DAMON BRADLEY	169 ROBINSON STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	KEN MACDONALD	11 BURNT CEDAR DRIVE NORTH KINGSTOWN, RI 02582 USA
DIRECTOR	CAL PIERCE	32 CIRCLE DRIVE NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	PETER ASEN	245 ARMINGTON STREET CRANSTON, RI 02905 USA
DIRECTOR	JOSEPH DIPINA	817 WEEDEN STREET PAWTUCKET, RI 02860 USA
DIRECTOR	JEFFREY KASLE	530 GREENWICH AVENUE WARWICK, RI 02886 USA
DIRECTOR	ERIC BIRNIE	31 DEXTER ROAD NORTH SCITUATE, RI 02857 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

PETER QUATTROMANI 200 MAIN STREET, SUITE 210 P.O. BOX 36 PAWTUCKET, RI 02862

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

Signed this 4 Day of June, 2018 at 2:23:36 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 KARL P PROVOST

Signature of Authorized Person

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