RI SOS Filing Number: 201876319900 Date: 8/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DLY

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Annual Report for the year: 2018
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

1. Entity ID Number	2. Exact name of the Corporation				
112740	The Autism Project				
3. State of Incorporation	Bnef description of the character of business conducted in Rhode Island				
Rhode Island	Provides a comprehensive coordinated systems of services and resources for				
4. NAICS Code	meeting the needs of children with autism spectrum disorders and their families.				
622110 - General Medical and S					
6. Principal Office Address			City	State	Zip
1516 Atwood Avenue			Johnston	RI	02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Joanne Quinn			Vice-President Name None		
Street Address 1516 Atwood Avenue			Street Address		
City Johnston	State RI	^{Zip} 02919	City	State	Zip
Secretary Name Christina Amedeo			Treasurer Name Gina Sahagian		
Street Address United Way of RI, 50 Valley Street			Street Address Blue Cross Blue Shield, 500 Exchange Street		
City Providence	State RI	^{Zip} 0290 9	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Jonathan Roderick (Chair)			Director Name Ned Walsh (Vice Chair)		
Street Address Centreville Bank, 1218 Main Street			Street Address 155 Woodbridge Drive		
^{City} West Warwick	State RI	Zip 02893	City East Greenwich	State RI	^{Zip} 02818
Director Name Christina Amedeo			Director Name Bruce Boyarsky		
Street Address United Way of RI, 50 Valley Street			Street Address Ocean State Book Binding, 225 DuPont Drive		
City Providence	State RI	^{Zıp} 02909	City Providence	State RI	^{Zip} 02907
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Repres Joanne Quinn	entative			Date 8/2///8	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE FILED					

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 3 0 2018 9:57 KL 657MI

The Autism Project ID #112740

8. Directors

Kellie Buckley 730 Ten Rod Road North Kingstown, RI 02852

Kevin Connaughton
34 Stone Ridge Road

North Attleboro, MA 02760 Philip Gould

Brown University
Box 1852

Providence, RI 02912

Al Greer Life Wear Technologies 935 Roger Williams Way

North Kingstown, RI 02852