



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

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.

RECEIVED
 DEPT OF STATE
 BUSINESS DIV
 MAY 10 AM 11:58

1. Entity ID Number 001669880		2. Exact name of the Corporation Adaptive Technology, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island THROUGH RESEARCH WITH IMPAIRED PEOPLE, REHABILITATE IN HEALTHCARE AND EMPLOYMENT			
4. NAICS Code 813212 - Voluntary Health Org					
6. Principal Office Address 1 Jacob Island Way			City South Kingstown	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harold F. Lynch			Vice-President Name Michael P. Kennedy		
Street Address 1 Jacob Island Way			Street Address 36 Woodlund Avenue		
City South Kingstown	State RI	Zip 02879	City Westerly	State RI	Zip 02891
Secretary Name / Citizen-At-Large: Robert A. Lopes, II			Treasurer Name		
Street Address 78 Acorn Street			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
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 Harold F. Lynch			Director Name Michael P. Kennedy		
Street Address 1 Jacob Island Way			Street Address 36 Woodlund Avenue		
City South Kingstown	State RI	Zip 02879	City Westerly	State RI	Zip 02891
Director Name Robert A. Lopes, II			Director Name		
Street Address 78 Acorn Street			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Harold F. Lynch				Date 5/7/19	
Signature of Officer/Authorized Representative <i>Harold F. Lynch</i>				FILED	