RI SOS Filing Number: 201992213160 Date: 5/10/2019 12:05:00 PM

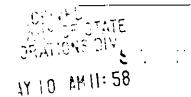


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:					
Non-Profit Corporation					

2018



→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

					— :- : <u></u>	
1. Entity ID Number	2. Exact name of the Corporation					
001669880	Adaptive Technology, Inc.					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	THROUGH RESEARCH WITH IMPAIRED PEOPLE, REHABILITATE IN HEALTHCARE AND EMPLOYMENT					
4. NAICS Code						
813212 - Voluntary Health Orç						
6. Principal Office Address	<u></u>		City	State	Zip	
1 Jacob Island Way			South Kingstown	RI	02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Harold F. Lynch			Vice-President Name Michael P. Kennedy			
Street Address 1 Jacob Island V	Vay		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. Lop	es, 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						
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,	11	Director Name				
Street Address 78 Acorn Street			Street Address			
City New Bedford	State MA	^{Zip} 02740	City	State	Zip	
9. Registered Agent in Rhode Islan	nd. This information i	is currently of record	d in the Department of State. Changes req	uire 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, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representation Harold F. Lynch		Date 5/7/19				
Signature of Officer/Authorized Re	presentative //	Hazisti USA	THE 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 MAY 1 0 2019 12:05 -03GAR PORM 031-Revised: 03/2019