



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

OFFICE OF THE  
 CLERK OF STATE  
 REGISTRATIONS DIV.  
 MAY 10 AM 11:58

**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 <b>001669880</b>		2. Exact name of the Corporation <b>Adaptive Technology, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>THROUGH RESEARCH WITH IMPAIRED PEOPLE, REHABILITATE IN HEALTHCARE AND EMPLOYMENT</b>			
4. NAICS Code <b>813212 - Voluntary Health Org</b>					
6. Principal Office Address <b>1 Jacob Island Way</b>			City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harold F. Lynch</b>			Vice-President Name <b>Michael P. Kennedy</b>		
Street Address <b>1 Jacob Island Way</b>			Street Address <b>36 Woodlund Avenue</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name / Citizen-At-Large: <b>Robert A. Lopes, II</b>			Treasurer Name		
Street Address <b>78 Acorn Street</b>			Street Address		
City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02740</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harold F. Lynch</b>			Director Name <b>Michael P. Kennedy</b>		
Street Address <b>1 Jacob Island Way</b>			Street Address <b>36 Woodlund Avenue</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Robert A. Lopes, II</b>			Director Name		
Street Address <b>78 Acorn Street</b>			Street Address		
City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02740</b>	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					
<b>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.</b>					
<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 <b>Harold F. Lynch</b>				Date <b>5/7/19</b>	
Signature of Officer/Authorized Representative <i>Harold F. Lynch</i>				<b>FILED</b>	

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 10 2019 12:05  
 BY *[Signature]* -03GAR  
 FORM 631 - Revised: 03/2019