



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

FILED

JUL 08 2019 - *OV*

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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1. Entity ID Number 1677284		2. Exact name of the Corporation Pathways 4 Independence Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing services to individuals with development disabilities			
4. NAICS Code 813319					
6. Principal Office Address 10 Turtle Creek Drive			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha Murray			Vice-President Name None Elected		
Street Address 10 Turtle Creek Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name James A. O'Leary			Treasurer Name Thomas Murphy		
Street Address 9 Mark Fore Drive			Street Address 7967 Whitebridge Glen		
City West Warwick	State RI	Zip 02893	City University Park	State FL	Zip 34201
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 Martha Murray			Director Name Thomas Thomas Murphy		
Street Address 10 Turtle Creek Drive			Street Address 7967 Whitebridge Glen		
City Warwick	State RI	Zip 02886	City University Park	State FL	Zip 34201
Director Name James A. O'Leary			Director Name		
Street Address 9 Mark Fore Drive			Street Address		
City West Warwick	State RI	Zip 02893	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative James A. O'Leary				Date 7/5/19	
Signature of Officer/Authorized Representative <i>James A. O'Leary</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov