



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001297870

**2. Name of Corporation** Planned Lifetime Assistance Network of Massachusetts and Rhode Island, Inc.

**3. State of Incorporation**

State: MA

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

624120

**4. Corporate Address in Rhode Island**

No. and Street: 1 RICHMOND SQUARE  
SUITE 158E

City or Town: PROVIDENCE State: RI Zip: 02494 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE ASSISTANCE AND EDUCATION TO FAMILIES OF INDIVIDUALS WITH DISABILITIES AND DISABLED PERSONS TO CREATE OPPORTUNITES FOR DISABLED PERSON TO PARTICIPATE FULLY IN AND CONTRIBUTE TO THEIR COMMUNITES AS VALUED MEMBERS THROUGH THE USE OF THOUGHTFUL AJND REALISTIC LONG TERM CARE PLANS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SETH HABER	18 JUNE LANE NEWTON CENTRE, MA 02360 USA
TREASURER	HAROLD FORTNA	22 ACADEMY AVE. BRADFORD, MA 01835 USA
VICE PRESIDENT	CHARLES SILSBY	50 SANBORN AVE. WEST ROXBURY, MA 02132 USA
CLERK	LAWRENCE HEIMLICH	10 BENJAMIN PLACE NEWTON, MA 02467 USA
DIRECTOR	DAVID WIZANSKY	12 LINCOLN RD BROOKLINE, MA 02445 USA
DIRECTOR	CAROL COVEL	16 MACINTYRE DRIVE NORTH READING, MA 01864 USA
DIRECTOR	JENNIFER NADELSON	30 AMORY ST BROOKLINE, MA 02446 USA
DIRECTOR	DAVID ROZENSON	9 PARK STREET NEWTON, MA 02459 USA
DIRECTOR	CLIFFORD SMITH	239 GREAT PLAIN AVENUE NEEDHAM, MA 02492 USA
DIRECTOR	KAREN SMITH	439 WALTHAM STREET LEXINGTON, MA 02421 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ELIZABETH S. PHILLIPS, ESQ. HACKMAN & PHILLIPS ELDER LAW RI LLC 1370 WARWICK AVENUE  
WARWICK , RI 02888

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of June, 2020 at 4:22:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JOAN MCGRATH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

