



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

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

**Non-Profit Corporation  
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:** 2021

**1. Corporate ID No.** 000028515

**2. Name of Corporation** ReFocus, Inc.

**3. State of Incorporation**

State: RI

**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

**4. Principal Office Address**

No. and Street: 45 GREELEY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

AN AGENCY PROVIDING SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	MARYPAT MURPHY,RSM	780 ACADEMY AVE PROVIDENCE, RI 02908 USA
SECRETARY	PATRICIA M. FLAHERTY	25 SCENERY LANE JOHNSTON, RI 02919 USA
PRESIDENT	CHRISTINE KAVANAGH, RSM	125 TYNDALL AVENUE PROVIDENCE, RI 02908-2912 USA
VICE PRESIDENT	JOHN MCCAUGHEY	163 BARTLETT AVE CRANSTON, RI 02905 USA
DIRECTOR	MARYSUE TAVARES	8 VIALLS DRIVES BARRINGTON, RI 02806 USA
DIRECTOR	BARBARA PAPITTO	6 WATER VALLEY ROAD HOPE, RI 02831 USA
DIRECTOR	CHRISTOPHER BAILEY	500 EXCHANGE ST PROVIDENCE, RI 02903 USA
DIRECTOR	CATHY DEL NERO	PO BOX 742 BRISTOL, RI 02809 USA
DIRECTOR	ELLEN SLATTERY	63 LAWN AVENUE WARWICK, RI 02888 USA
DIRECTOR	PAUL B. CHIN	50 RANDALL STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JEFFREY GURSKEY	44 CAMBRIDGE ST PROVIDENCE, RI 02909 USA
DIRECTOR	NANCY GILBANE	661 UNIVERSITY BLVD. SUITE 107. JUPITER, FL 33458 USA
DIRECTOR	JOSEPH B. FARMER	24 JANE LANE BRISTOL, RI 02809 USA

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

CHRISTINE M. KAVANAGH 45 GREELEY STREET PROVIDENCE , RI 02904

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

**Signed this 7 Day of June, 2021 at 10:08:36 AM 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 CHRISTINE KAVANAGH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

