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

FILED
JUN 24 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation
91566	Opportunities Unlimited for People with Differing Abilities, Inc.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Provide community based services to adults with developmental disabilities.
4. NAICS Code: 624120 - Services for Elderly	

6. Principal Office Address	City	State	Zip
One Worthington Road	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Linda N. Ward			Vice-President Name		
Street Address: 17 Old Phenix Avenue			Street Address		
City: Cranston	State: RI	Zip: 02921	City	State	Zip
Secretary Name: Marilyn Drummond			Treasurer Name: Daniel P. Ward		
Street Address: 168 Midwood Street			Street Address: 14 Tingley Road		
City: Cranston	State: RI	Zip: 02910	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Linda N. Ward			Director Name: Marilyn Drummond		
Street Address: 17 Old Phenix Avenue			Street Address: 168 Midwood Street		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02910
Director Name: Daniel P. Ward			Director Name		
Street Address: 2 Rosewood Lane			Street Address		
City: Cumberland	State: RI	Zip: 02864	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.

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 Representative	Date
Linda N. Ward	6/21/2021

Signature of Officer/Authorized Representative: Linda N. Ward

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019