

**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.** 000031868**2. Name of Corporation** UNITED CEREBRAL PALSY OF RHODE ISLAND, 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

624120**4. Principal Office Address**No. and Street: 200 MAIN STREET, SUITE 210UCP RHODE ISLANDCity or Town: PAWTUCKETState: RI Zip: 02860 Country: USA**5. Foreign Corporation. Enter Principal Office Address**No. and Street: 200 MAIN STREET, STE 210City or Town: PAWTUCKET State: RI Zip: 02860 Country: UNI**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROVIDE HUMAN SERVICES TO PERSONS WITH CEREBRAL PALSY AND OTHER
DISABILITIES**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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT MARTIN	110 PANTO ROAD WARWICK, RI 02886 USA
TREASURER	JOSEPH DIPINA	817 WEEDEN STREET PAWTUCKET, RI 02860 USA
SECRETARY	STACEY JOHNSON	203 RIDGE ROAD SMITHFIELD, RI 02917 USA
CEO	PETER QUATTROMANI	200 MAIN STREET, STE 210 PAWTUCKET, RI 02860 USA
CFO	KARL PROVOST	200 MAIN STREET, STE 210 PAWTUCKET, RI 02860 USA
VICE PRESIDENT	KAREN CAMMUSO	96 FRIENDSHIP STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	JEFFREY KASLE	530 GREENWICH AVENUE WARWICK, RI 02886 USA
DIRECTOR	PETER BAZIOTIS, MD	200 MAIN STREET, STE 350 PAWTUCKET, RI 02860 USA
DIRECTOR	LUKE BRUNEAUX	195 MODENA AVENUE PROVIDENCE, RI 02908 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

PETER QUATTROMANI 200 MAIN STREET, SUITE 210 P.O. BOX 36 PAWTUCKET , RI 02862

8. 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, 2021 at 3:05:37 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 KARL P PROVOST
Signature of Authorized Person

Form No. 631
Revised 09/07

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