RI SOS Filing Number: 202106777570 Date: 12/2/2021 1:43:00 PM



State of Rhode Island

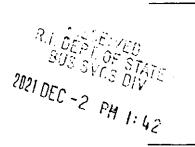
## **Department of State - Business Services Division**

Annual Report for the year: **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  |  |       |         |
|--|---|--|-------|---------|
| 001700198  | Autism Society of Khade Island  |  |       |         |
| 3. State of Incorporation  | 5. Brief description of the character of business conducted in Rhode Island             |  |       |         |
| RI.  | All volunteer advocacy group. Advocating to improve the lies of individuals with autism |  |       |         |
| 4. NAICS Code  | improve the lies of individuals with autism   |  |       |         |
| 81331 and their families.  |   |  |       |         |
| Principal Office Address   |   | City                                       | State | Zip     |
| 19 Bowen St.   |   | Kumford                                    | KI    | 02916   |
| 7. List ALL officers (names and addresses)   |   | Check the box to indicate an attachment    |       |         |
| President Name Lisa Reco   |   | Vice-President Name Claudia Swader         |       |         |
| Street Address 19 Bowen St   |   | Street Address 56 Hillton Dr.              |       |         |
| city humford   | State PI Zig 2916   | City Cranston                              | State | 2i02920 |
| Secretary Name   | troclar Treasurer Name Kelly Azera  |  |       |         |
| Street Address 33  | tmwinds Ar  | Street Address Waterman Acc.               |       |         |
| City bruick  | State Zip Zip   | CITY EROW                                  | State | 3000914 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.   |   |  |       |         |
| Director Name  |   | Check the box to indicate an attachment L. |       |         |
| Jeanne Pouris  |   | Kelly Kundel                               |       |         |
| Street Address 1471 Pawticlet Ae   |   | Street Address (2) Algung von Rd           |       |         |
| city Dumford   | State RT Zip 2716   | city Dumford                               | State | 2609160 |
| Director Name Ann Marie Anderson Director Name   |   |  |       |         |
| Street Address 76 Winter Dr.   |   | Street Address                             |       |         |
| City Rehaboth  | State MA Ziban69  | City                                       | State | Zip     |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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 Offiger/Authorized Representative  |   |  | Date  |         |
| Usa Krgo   11116/2021  |   |  |       |         |
| Signature of Officer/Authorized Representative   |   |  |       |         |
| Un tell  |   |  |       |         |
| tor! A acco  |   |  |       |         |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov IN QUESHHITE 143