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

State of Rhode Island
Department of State - Business Services Division

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2021 DEC -2 PM 1:42

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
000170019E	Autism Society of Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: All volunteer advocacy group. Advocating to improve the lives of individuals with autism and their families.
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
19 Bowen St	Rumford	RI	02916

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

President Name: Lisa Rego			Vice-President Name: Claudia Swiader		
Street Address: 19 Bowen St			Street Address: 156 Hilltop Dr.		
City: Rumford	State: RI	Zip: 02916	City: Cranston	State: RI	Zip: 02920
Secretary Name: Peggy Stadler			Treasurer Name: Kelly Azeka		
Street Address: Buttonwoods Ave			Street Address: 1 Waterman Ave.		
City: Warwick	State: RI	Zip:	City: E Prov	State: RI	Zip: 02914

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

Director Name: Jeanne Powers			Director Name: Kelly Kunder		
Street Address: 1471 Pawtucket Ave			Street Address: 62 Algonquin Rd		
City: Rumford	State: RI	Zip: 02916	City: Rumford	State: RI	Zip: 02916
Director Name: Ann Marie Anderson			Director Name:		
Street Address: 76 Winter Dr.			Street Address:		
City: Rehoboth	State: MA	Zip: 02769	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 Officer/Authorized Representative	Date
Lisa Rego	11/16/2021
Signature of Officer/Authorized Representative: Lisa Rego	

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020