



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 001733657

2. Name of Corporation Rhode Island Association for Behavior Analysis

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
813920

4. Principal Office Address

No. and Street: ATTN: CODY MORRIS
100 OCHRE POINT AVE

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

RI-ABA IS AN ORGANIZATION FOR BEHAVIOR ANALYSTS WITHIN THE STATE OF RHODE ISLAND. RI-ABA WORKS TO PROMOTE BEHAVIOR ANALYSIS BY:1. CREATING AND PROMOTING TRAINING OPPORTUNITIES IN BEHAVIOR ANALYSIS 2. PROVIDING A FORUM FOR NETWORKING AMONG BEHAVIOR ANALYSTS. 3. ADVOCATING FOR ITS MEMBERS, THE DISCIPLINE OF BEHAVIOR ANALYSIS, AND THE CLIENTS SERVED BY BEHAVIOR ANALYSTS 4. SHARING INFORMATION ABOUT THE ORGANIZATION AND BEHAVIOR ANALYSIS WITHIN RHODE ISLAND AND

ELSEWHERE THROUGH ITS WEBSITE AND OTHER AVENUES 5. FUNCTIONING AS THE RHODE ISLAND CONTACT FOR AND REPRESENTATIVE OF THE ASSOCIATION FOR BEHAVIOR ANALYSIS INTERNATIONAL (ABAI)

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
SECRETARY	STEPHANIE JONES	100 OCHRE POINT AVE NEWPORT, RI 02840 USA
INCORPORATOR	CODY MORRIS	100 OCHRE POINT AVE NEWPORT, RI 02840 USA
DIRECTOR	CODY ALLEN MORRIS	100 OCHRE POINT AVE NEWPORT, RI 02840 USA
DIRECTOR	AMANDA WILLIAMS	10 BRENDEN STREET WESTERLY, RI 02891 USA
DIRECTOR	EMMA GRAUERHOLZ-FISHER	108A LAKE ERIE ST MIDDLETOWN, RI 02842 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

CODY MORRIS 100 OCHRE POINT AVE NEWPORT , RI 02840

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

Signed this 2 Day of February, 2023 at 5:59:36 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 CODY MORRIS
Signature of Authorized Person

Form No. 631
Revised 09/07