



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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 001700198

2. Name of Corporation Autism Society Rhode Island

3. State of Incorporation

State: RI

NAICS CODE

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

813311

4. Principal Office Address

No. and Street: 19 BOWEN STREET

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

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

THE ORGANIZATION IS AN ADVOCACY GROUP TO PROMOTE THE GENERAL WELFARE, EDUCATION AND TRAINING OF INDIVIDUALS IN RHODE ISLAND WITH AUTISM.

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	PEGGY STOCKER	344 BUTTONWOODS AVE WARWICK, RI 02886 USA
PRESIDENT	LISA REGO	19 BOWEN STREET RUMFORD, RI 02916 USA
DIRECTOR	JEANNE POWERS	1471 PAWTUCKET AVENUE RUMFORD, RI 02916 USA
DIRECTOR	ANN MARIE ANDERSON	76 WINTER DR REHOBOTH, MA 02769 USA
DIRECTOR	KELLY AZERA	460 WATERMAN AVE EP, RI 02914 USA
DIRECTOR	CLAUDIA SWIADER	156 HILLTOP DR CRANSTON, RI 02920 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

LISA REGO 19 BOWEN STREET RUMFORD , RI 02916

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

Signed this 22 Day of June, 2023 at 3:48:28 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 LISA E REGO
Signature of Authorized Person

Form No. 631
Revised 09/07

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