



**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

**Foreign Non-Profit
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 YEAR 2024: 2024

1. Corporate ID No. 001666256

2. Name of Corporation BEHAVIORAL ASSOCIATES OF MASSACHUSETTS, INC.

3. State of Incorporation

State: MA

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

624120

4. Principal Office Address

No. and Street: 610 MANTON AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

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

SUPPORT CHILDREN AND ADULTS WITH AUTISM AND OTHER DEVELOPMENTAL
DISABILITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	HELEN MORCOS	5954 PELICAN BAY BLVD UNIT 214 NAPLES, FL 34108 USA
VICE PRESIDENT	RICHARD SPRATT	40 SHADY LANE DOUGLAS, MA 01516 USA
DIRECTOR	JOHN FLAHERTY	20 TOWNSEND ROAD, UNIT A ATTLEBORO, MA 02703 USA
DIRECTOR	IRENE GALLAGHER	655 NORTH STREET BRIDGEWATER, MA 02324 USA
DIRECTOR	JUNE GRODEN	355 BLACKSTONE BLVD UNIT 449 PROVIDENCE, RI 02906 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

GRACE TOE, CHIEF FINANCIAL OFFICER THE GRODEN CENTER INC 610 MANTON AVENUE
PROVIDENCE , RI 02909

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

Signed this 5 Day of February, 2024 at 10:28:07 AM 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 GRACE TOE
Signature of Authorized Person

Form No. 631
Revised 09/07

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