

5. Foreign corporation. Enter principal office address

2. Name of Corporation

United Cerebral Palsy Associations, Inc. 4. Corporate address in Rhode Island - Street Address

1, Corporate ID No.

3. State of Incorporation New York

102598

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Zip

Zip

20036

City

State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

160 L Street. NW, Suite 700			Washington	DC	20036	
***************************************		are actually conducted in Rh	ode Island			
7 NAMES AND ADD	DESSES OF THE OFF	ICERS, ("Y" ROY FOD AT	TACHMENT). TILL IN SPACE	CES REFORE IISIN	NG ATTACHMENTS	
7. IKRIES AND ADD President Name	RESSES OF THE OFF	CERS, (A DOA FOR AT	Vice President Name	olo bui one con		
Stephen Bennett						
Street Address			Street Address			
1660 L Street, NW	. Suite 700					
City	State	Zip	City	State	Zip	
Washington	DC	20036				
Secretary Name			Treasurer Name			
Bruce Fried			Eric Hespenheide			
Street Address			Street Address			
1301 K Street, NW, Suite 600			32756 Bingham Lane			
City	State	Zip	City	State	Zip	
Washington	DC	20005	Bingham Farm	MI	48025	
			ATTACHMENT) TILL IN SPA			
THE NUMBER OF D	IRECTORS OF A DOM	MESTIC (RHODE ISLA!	•	NOT BE LESS TH.	<u>AN THREE</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Loren Arbus			Ron Cohen			
Street Address			Street Address			
3075 W. 3rd Street, Suite 410				6430 Independence Avenue		
City	State	Zip	City	State	Zip	
Los Angeles	CA	90048	Woodland Hills	CA	91367	
Director Name			Director Name			
Michael Burke			Nina Eaton			
Street Address 10055 Approphere Drive			8 Hazel Place			
19855 Annenberg	 	120	City	State	Zip	
City	State	Zip 20147	· ·	NY	11598	
Ashurn	VA	20147 D - DO NOT ALTER - (Woodmere Changes require filing of Fo			
Agent Name	ENT IN KNODE ISLAN	ID - DO NOI ALILA - V	Address	71 III 0 22 - XXXX (G.E.	• • • • • • • • • • • • • • • • • • • •	
Business Filings In	nternational		21001133		200	
-	no matorial					
Address A Character Street			City			
10 Weybosset Street			Providence		02903	
This repo	ort must be signed by e	ither the President, Vice	President, Secretary, Assistar	nt Secretary, Treasi	urer, Receiver or Frustee	
•				-	7	
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1	0 2 5 9 8	OCT. 2.7 2	Under penalty o	f perjury, I declare a	and affirm that I have examined thi	
			report, including		schedules and state sents, and that a	
		By My	statements conta	ined herein are true	, , , , , , , , , , , , , , , , , , ,	
File Date		- 1152	<u> Ligitar</u>		7- 8/20/00	
		//.)	Signature of Offic	er	Date	
Check No.		$ \alpha \alpha \alpha \alpha$	y Stache	in Bannos	(1	
		- 77777	Print or Type Nar	ne of Officer		
By:		/ / / / _				
FOR SECRETA	ARY OF STATE USE ONLY		resid	دسا	AND THE RESERVE OF THE PERSON	
			Title of Officer		Form 631 Rev. 12/0	
					1 0111 031 Nev. 12/0	