

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214556952

1.) CORPORATION NAME:

DUE DATE: **12/31/2014**

**Organization for Autism Research, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05690615**

**JAMES M SACK  
SACK HARRIS & MARTIN  
8270 GREENSBORO DR STE 810**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MCLEAN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 N 14TH ST STE 240

CITY/ST/ZIP: ARLINGTON, VA 22201

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GREGORY SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7725 PORTERS HILL LANE		
CITY/ST/ZIP/CO:	LORTON, VA 22079		

NAME:	LORI LAPIN JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	27 SHADOW LANE		
CITY/ST/ZIP/CO:	GREAT NECK, NY 11021		

NAME:	JAMES M SACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8270 GREENSBORO DR STE 810		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	MICHAEL V MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2000 N 14TH ST STE 710		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	CHRISTIAN BATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 LINDEN HILL WAY		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	WILLIAM DONLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 GRAPE STREET		
CITY/ST/ZIP/CO:	HICKSVILLE, NY 11801		

NAME: ANTHONY FERRERA TITLE: DIRECTOR ADDRESS: 512 HOAGLAND CT. CITY/ST/ZIP/CO: HILLSBOROUGH, NJ 08844	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER GERHARDT ED. D TITLE: DIRECTOR ADDRESS: 11 PINE ST #260 CITY/ST/ZIP/CO: MONTCLAIR, NJ 07042	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LISA HUSSMAN TITLE: DIRECTOR ADDRESS: 10215 TARPLEY COURT CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAMES M SACK	JAMES M SACK, CHAIRMAN	2/23/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		