



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **21/03/2014**

X343NBSI

Company Name: **SENSORY INTEGRATION NETWORK (UK AND IRELAND) LIMITED**

Company Number: **05068304**

Date of this return: **09/03/2014**

SIC codes: **86102**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **27A HIGH STREET
THEALE
READING
BERKSHIRE
UNITED KINGDOM
RG7 5AH**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **ADAMDA JANE**

Surname: **ADAMSON**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **AMANDA**

Surname: **ADAMSON**

Former names:

Service Address: **33 NORTH WEST CIRCUS PLACE
EDINBURGH
EH3 6TP**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **19/06/1958** *Nationality:* **BRITISH**
Occupation: **OCCUPATIONAL THERAPIST**

Company Director 2

Type: **Person**

Full forename(s): **MRS LINDSAY JOANNE**

Surname: **HARDY**

Former names:

Service Address: **HILL HOUSE VICARAGE ROAD
WIGGINTON
TRING
HERTFORDSHIRE
UNITED KINGDOM
HP23 6DY**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **08/03/1962** *Nationality:* **BRITISH**

Occupation: **OCCUPATIONAL THERAPIST**

Company Director **3**

Type: **Person**

Full forename(s): **MRS KATHRYN LEIGH**

Surname: **SMITH**

Former names:

Service Address: **GLENMORE CHAPEL LANE
TWELVEHEADS
TRURO
CORNWALL
UNITED KINGDOM
TR4 8SJ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **06/11/1970** *Nationality:* **BRITISH**

Occupation: **OCCUPATIONAL THERAPIST**

Company Director 4

Type: **Person**

Full forename(s): **MRS ROSALIND**

Surname: **URWIN**

Former names:

Service Address: **TREGONALLS LYMINGTON ROAD
EAST END
LYMINGTON
HAMPSHIRE
UNITED KINGDOM
SO41 5SS**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **16/03/1956** *Nationality:* **BRITISH**

Occupation: **OCCUPATIONAL THERAPIST**

Company Director **5**

Type: **Person**
Full forename(s): **CYNTHIA ROSALIND**

Surname: **ROGERS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **01/11/1958** *Nationality:* **BRITISH**

Occupation: **UNIVERSITY LECTURER**

Company Director **6**

Type: **Person**
Full forename(s): **CHRIS**

Surname: **WEST**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/12/1970** *Nationality:* **BRITISH**

Occupation: **CHILDREN'S OCCUPATIONAL
THERAPIST**

Company Director 7

Type: **Person**
Full forename(s): **GEMMA**

Surname: **CARTWRIGHT**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/05/1977** *Nationality:* **BRITISH**

Occupation: **OCCUPATIONAL THERAPIST**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.