



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26358		2. Exact name of the Corporation Dyslexia Research Institute			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Research in the Diagnosis and Treatment of Dyslexia			
5. Principal office address 93 Bretton Woods Drive			City Cranston	State R.I.	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Howard M. Coleman, O.D.			Vice-President Name Sonya E. Schlosstein		
Street Address 93 Bretton Woods Drive			Street Address 93 Bretton Woods Drive		
City Cranston	State R.I.	Zip 02920	City Cranston	State R.I.	Zip 02920
Secretary Name Elizabeth Fontaine			Treasurer Name George D. Coleman		
Street Address 73 Memorial Drive			Street Address 93 Bretton Woods Drive		
City Pawtucket	State R.I.	Zip 02860	City Cranston	State R.I.	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Marilyn Moody			Director Name Robert Sherwin		
Street Address 6 Lafayette Road			Street Address 22 Bedford Road		
City Barrington	State R.I.	Zip 02806	City Pawtucket	State R.I.	Zip 02860
Director Name Robert Nocera			Director Name Diana Fish		
Street Address 225 East Avenue			Street Address 3 Clyde Street		
City Pawtucket	State R.I.	Zip 02860	City Pawtucket	State R.I.	Zip 02860
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAY 30 2012

File Date _____
 Check No. 4232
 By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Howard M. Coleman
 Signature of Officer

1 June '12
 Date

Howard M. Coleman, O.D.

Print or Type Name of Officer

President

Title of Officer

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