



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

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: 2015

1. Corporate ID No. 000487470

2. Name of Corporation Rhode Island Developmental Disabilities Council, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 400 BALD HILL ROAD, SUITE 515

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DEVELOP, PROMOTE AND FACILITATE A WIDE ARRAY OF COMPREHENSIVE AND COORDINATED SYSTEMS, SERVICES AND SUPPORTS IN THE STATE OF RHODE ISLAND FOR PERSONS WITH DISABILITIES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name	Address
DIRECTOR	WILFRED BEAUDOIN	149 OAKLAND AVENUE CRANSTON, RI 02910 USA
DIRECTOR	CELEST MARTIN	1323 SOUTH ROAD

		WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL MATRACIA	903 PROVIDENCE PL., APT. 318 PROVIDENCE, RI 02903 USA
DIRECTOR	DENISE ACHIN	255 WESTMINSTER STREET PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARY OKERO 400 BALD HILL ROAD, SUITE 515 WARWICK , RI 02886

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

**Signed this 17 Day of June, 2015 at 11:15:40 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 WILFRED BEAUDOIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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