



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. 000515247

2. Name of Corporation Developmental Disabilities Network for Children and Families

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 610 MANTON AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02909 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

THE DEVELOPMENTAL DISABILITIES NETWORK FOR CHILDREN AND FAMILIES IS A COMMUNITY OF AGENCIES THAT PROVIDES COMPREHENSIVE WRAP AROUND SERVICES CAPABLE OF INTERVENING IN THE LIVES OF THESE CHILDREN AND THEIR FAMILIES. BY WORKING TOGETHER, NETWORK MEMBERS CAN ENHANCE THE QUALITY OF SERVICES TO THESE CHILDREN.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GERALD GRODEN	99 FOSDYKE STREET

		PROVIDENCE, RI 02906 US
DIRECTOR	JUNE GRODEN	99 FOSDYKE STREET PROVIDENCE, RI 02906 US
DIRECTOR	GERALD GRODEN	99 FOSDYKE ST. PROVIDENCE, RI 02906 US
DIRECTOR	HELEN MORCOS	24 CARRIAGE WAY NORTH PROVIDENCE, RI 02904 US

**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**

HELEN MORCOS 610 MANTON AVENUE PROVIDENCE , RI 02909

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

Signed this 24 Day of June, 2015 at 1:24:00 PM 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 ANTONIA GRECO
Signature of Authorized Person

Form No. 631
Revised 09/07

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