



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: 2016

1. Corporate ID No. 001096847

2. Name of Corporation Decoding Dyslexia Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3033 TOWER HILL ROAD

SUITE H

City or Town: SAUDERSTOWN

State: RI Zip: 02874 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

SPREADING DYSLEXIA AWARENESS AND EMPOWERING INDIVIDUALS WITH
DYSLEXIA AND THEIR FAMILIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	SUZANNE ARENA	88 LAKELAND ROAD CRANSTON, RI 02910 US
VICE PRESIDENT	VICTORIA JESSOP	3303 TOWER ROAD, SUITE H

		SAUNDERSTOWN, RI 02874 US
INCORPORATOR	JOANNA SCOCCHI	104 RIVERSIDE DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	JOANNA SCOCCHI	104 RIVERSIDE DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	KARI KUTRO	35 LITTLE WOODS PATH WAKEFIELD, RI 02879 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**

JOANNA SCOCCHI 104 RIVERSIDE DRIVE WAKEFIELD , RI 02879

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

Signed this 30 Day of July, 2016 at 11:50:22 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 SUZANNE ARENA
Signature of Authorized Person

Form No. 631
Revised 09/07

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