



**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:** 2017

**1. Corporate ID No.** 000535437

**2. Name of Corporation** MS Dream Center - RI, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 425 MECHANTICUT VALLEY PARKWAY,  
APT. 305

City or Town: CRANSTON

State: RI Zip: 02920Country: 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**

PROVIDE AID, COMFORT AND SUPPORT TO INDIVIDUALS DIAGNOSED WITH MULTIPLE SCLEROSIS THROUGH COMMUNICATION, EDUCATION, WORKSHOPS, TREATMENT REGIMENS, SOCIAL INTERACTION, PHYSICAL THERAPY, INSURANCE AND BENEFITS ASSISTANCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

| <b>Title</b>       | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------------|---|---|
| PRESIDENT          | FRANK WEEKS   | 33 SCENIC DRIVE<br>CRANSTON, RI 02920 USA                         |
| SECRETARY          | ELINOR THOMPSON                                       | 100 SHAW AVE<br>CRANSTON, RI 02905 USA                            |
| VICE PRESIDENT     | MICHAEL A MATRACIA                                    | 140 MADISON AVE<br>CRANSTON, RI 02920 USA                         |
| EXECUTIVE DIRECTOR | ANNE K DELSIGNORE                                     | 1800 PHENIX AVENUE<br>CRANSTON, RI 02921 USA                      |
| DIRECTOR           | MARIA I PERNA   | 425 MESHANTICUT VALLEY PKWY APT 305<br>CRANSTON, RI 02920 USA     |
| DIRECTOR           | MATTHEW REEBER  | 1 CLIFF TER<br>NEWPORT, RI 02840 USA                              |
| DIRECTOR           | PAMELA MILLS  | 123 CLEVELAND STREET<br>PAWTUCKET, RI 02860 USA                   |
| DIRECTOR           | JONATHAN FX CAHILL MD                                 | 16 CLAREDON AVENUE<br>PROVIDENCE, RI 02903 USA                    |
| DIRECTOR           | COURTNEY MACKSOUD                                     | 721 RESERVOIR AVENUE<br>CRANSTON, RI 02910 USA                    |
| DIRECTOR           | NADINE RICCI  | 384 ANGELL ROAD<br>LINCOLN, RI 02865 USA                          |
| DIRECTOR           | DONALD PERNA  | 425 MESHANTICUT VALLEY PKWY<br>CRANSTON, RI 02920 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**

DONALD PERNA 425 MESHANTICUT VALLEY PARKWAY, APT. 305 CRANSTON , RI 02920

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

**Signed this 19 Day of June, 2017 at 12:29:47 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 DONALD PERNA  
Signature of Authorized Person

