



**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:** 2018

**1. Corporate ID No.** 000031095

**2. Name of Corporation** Special Olympics Rhode Island, 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: 370 GEORGE WASHINGTON HIGHWAY

City or Town: SMITHFIELD

State: RI Zip: 02917 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 PROVIDE YEAR-ROUND SPORTS TRAINING & ATHLETIC COMPETITION IN A VARIETY OF OLYMPIC-TYPE SPORTS FOR CHILDREN AND ADULTS WITH INTELLECTUAL 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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS MAGGIACOMO	260 WEST EXCHANGE STREET PROVIDENCE, RI 02903 USA
TREASURER	TIMOTHY RISHTON	18 MITTENDORF ROAD WAKEFIELD, RI 02879 USA
SECRETARY	MICHAEL SARLI	1 TURKS HEAD BLDG SUITE 900 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	LARRY LASALA	114 ALFRED DROWN ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DR. ALBERT ARCAND	1079 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JACK HAYES	15 RED OAK ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	STEPHEN ANGELL	18 SUSAN CIRCLE JOHNSTON, RI 02919 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**

DENNIS J. DEJESUS 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD , RI 02917

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

**Signed this 8 Day of May, 2018 at 12:20:44 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 ROBIN DEROBIO  
Signature of Authorized Person

Form No. 631  
Revised 09/07