



**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. 001675828

2. Name of Corporation Community Access Speech Therapy, 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: C/O RICHARD STREITFELD
1604 BROAD STREET

City or Town: CRANSTON State: RI Zip: 02905 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

1. TO PROVIDE HIGH-QUALITY, EVIDENCE-BASED, AFFORDABLE INDIVIDUAL AND/OR GROUP SPEECH LANGUAGE THERAPY TO INDIVIDUALS WITH COMMUNICATION AND/OR DEVELOPMENTAL DISORDERS/DISABILITIES, BASED ON AN ABILITY TO PAY. WE WILL TARGET INDIVIDUALS CLASSIFIED AS POOR OR FROM A LOW SOCIO-ECONOMIC BACKGROUND FOR WHOM ACCESS TO PRIVATE THERAPY MAY BE OTHERWISE UNAVAILABLE. WE WILL ACCEPT SLIDING SCALE PAYMENTS AND

INSURANCES INCLUDING FEDERAL/STATE-FUNDED INSURANCES. WE WILL ALSO CONDUCT THERAPY/TRAININGS IN THE COMMUNITY TO INCREASE ACCESS TO SERVICES AND TO PROVIDE OPPORTUNITIES TO THOSE FOR WHOM TRANSPORTATION IS A HARDSHIP. 2. TO DISSEMINATE TIMELY AND ACCURATE INFORMATION ABOUT COMMUNICATION/DEVELOPMENTAL DISORDERS TO CLIENTS, FAMILY MEMBERS, PHYSICIANS, OTHER INTERESTED PARTIES, AND THE GENERAL PUBLIC. 3. TO DEVELOP AND IMPLEMENT TRAINING PROGRAMS TO EMPOWER PEOPLE WITH COMMUNICATION/DEVELOPMENTAL DISABILITIES TO PARTICIPATE WITH MORE INDEPENDENCE IN INTERACTIONS WITHIN THEIR COMMUNITY. 4. TO ENGAGE IN ANY OTHER ACTIVITY WHICH WILL FURTHER SUPPORT COMMUNITY ENGAGEMENT AND PARTICIPATION FOR INDIVIDUALS WITH COMMUNICATION AND RELATED DISORDERS, THEIR FAMILIES, OR PROFESSIONALS TREATING INDIVIDUALS COMMUNICATION AND RELATED DISORDERS.

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
INCORPORATOR	RICHARD STREITFELD	1604 BROAD STREET CRANSTON, RI 02905 USA
DIRECTOR	SARAH HAMEL	2220 PLAINFIELD PIKE CRANSTON, RI 02921 USA
DIRECTOR	STEPHANIE IZZI	2220 PLAINFIELD PIKE CRANSTON, RI 02921 USA
DIRECTOR	PATRICIA MAGUIRE	2220 PLAINFIELD PIKE CRANSTON, RI 02921 USA
DIRECTOR	KIM BENCHSKY	2220 PLAINFIELD PIKE CRANSTON, RI 02921 USA
DIRECTOR	LAUREN MULLANEY-REID	2220 PLAINFIELD PIKE CRANSTON, RI 02921 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**

SARAH HAMEL 2220 PLAINFIELD PIKE, UNIT 5 CRANSTON , RI 02921

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, 2018 at 1:50:30 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 SARAH HAMEL
Signature of Authorized Person

Form No. 631
Revised 09/07

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