



**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:** 2020

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL MATRACIA	140 MADISON AVENUE CRANSTON, RI 02920 USA
PRESIDENT	DONALD PERNA	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
VICE PRESIDENT	PAMELA SAMPSON	123 CLEVELAND STREET PAWTUCKET, RI 02860 USA
DIRECTOR	ELINOR THOMPSON	100 SHAW AVENUE CRANSTON, RI 02905 USA
SECRETARY	PATRICIA O'BRIEN	90 SIGNAL RIDGE WAY E. GREENWICH, RI 02818 USA
DIRECTOR	PATRICK O'BRIEN	90 SIGNAL RIDGE WAY E. GREENWICH, RI 02818 USA
TREASURER	ROBERT J SCLAMA	1845 SMITH STREET APT. 401 N. PROVIDENCE, RI 02911 USA
DIRECTOR	JOEL EVANS	220 ADIRONDACK DRIVE E. GREENWICH, RI 02818 USA
EXECUTIVE DIRECTOR	ANNE K DELSIGNORE	1800 PHENIX AVENUE CRANSTON, RI 02921 USA
DIRECTOR	MARIA I PERNA	425 MESHANTICUT VALLEY PKWY APT 305 CRANSTON, RI 02920 USA
DIRECTOR	JONATHAN FX CAHILL MD	16 CLAREDON AVENUE PROVIDENCE, RI 02903 USA
DIRECTOR	STEPHEN MAGUIRE	41 AUBURN AVE CRANSTON, RI 02920 USA
DIRECTOR	LAURA MAGUIRE	41 AUBURN AVE 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 5 Day of June, 2020 at 12:49:56 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

Form No. 631  
Revised 09/07

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