



**State of Rhode Island  
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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 000487470

**2. Name of Corporation** Rhode Island Developmental Disabilities Council, 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. Principal Office Address**

No. and Street: 400 BALD HILL ROAD, SUITE 515

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO DEVELOP, PROMOTE AND FACILITATE A WIDE ARRAY OF COMPREHENSIVE AND COORDINATED SYSTEMS, SERVICES AND SUPPORTS IN THE STATE OF RHODE ISLAND FOR PERSONS WITH DISABILITES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
TREASURER	MICHAEL MATRACIA	903 PROVIDENCE PL, APT. 318

		PROVIDENCE, RI 02903 USA
DIRECTOR	MICHAEL MATRACIA	903 PROVIDENCE PL., APT. 318 PROVIDENCE, RI 02903 USA
DIRECTOR	SUE DONOVAN	175 MAIIN ST. PAWTUCKET, RI 02860 USA
DIRECTOR	CHRIS SEMONELLI	542 WOLCOTT AVENUE MIDDLETOWN, RI 02842 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KEVIN NERNEY 400 BALD HILL ROAD, SUITE 515 WARWICK , RI 02886

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

*Signed this 10 Day of March, 2022 at 10:46:02 AM 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 KEVIN NERNEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07