



**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.** 001729501

**2. Name of Corporation** Rhode Island Self-Direct Coalition

**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: 601 GREAT RD  
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: US

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

THE RHODE ISLAND SELF-DIRECT COALITION (RISDC) WILL PROVIDE INFORMATION, RESOURCES, AND GUIDANCE TO INDIVIDUALS AND FAMILIES INTERESTED IN SELF-DIRECTED SERVICES. 1. HOLD MONTHLY INFORMATIONAL SESSIONS AROUND TOPICS OF INTEREST TO THOSE THAT SELF-DIRECT. 2. PROVIDE WORKFORCE DEVELOPMENT FOR DIRECT SUPPORT PROFESSIONALS. 3. FORM AN EMPLOYMENT HUB FOR DIRECT SUPPORT PROFESSIONALS TO BE PARTNERED WITH INDIVIDUALS AND FAMILIES NEEDING A DSP. 4. BE A STARTING POINT FOR BUSINESSES TO CONNECT AND ALIGN QUALIFIED APPLICANTS WITH DEVELOPMENTAL DISABILITIES WITH JOB OPENINGS. 5. INCREASE AWARENESS AROUND THE POTENTIAL OF SELF-EMPLOYMENT. 6. PROVIDE EDUCATION AND AWARENESS ON A VARIETY OF TOPICS INCLUDING, BUT NOT LIMITED TO SELF-ADVOCACY, PERSONAL SAFETY, AND SELF-EMPOWERMENT TO PROMOTE A HEALTHY, PERSON CENTERED LIFE.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	SHEILA E COYNE	925 TARKILN RD HARRISVILLE, RI 02896 US
DIRECTOR	SHEILA E COYNE	925 TARKILN RD HARRISVILLE, RI 02830 US
DIRECTOR	SUSAN BABIN	3 LLOYD BROWN CT CHEPACHET, RI 02814 US
DIRECTOR	DEBRA MORAIS	1 RUTLAND HOUSE RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	BRIAN LAFAUCI	1405 CHOPMIST HILL RD SCITUATE, RI 02857 US
DIRECTOR	CLAUDIA M LOWE	298 ARLINGTON AVE WARWICK, RI 02889 US
DIRECTOR	RICHARD CHAMPAGNE	199 RIDGE ROAD SMITHFIELD, RI 02917 US
DIRECTOR	KARYN CARFAGNA	161 BALCH ST PAWTUCKET, RI 02861 US

**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**

SHEILA COYNE 601 GREAT ROAD NORTH SMITHFIELD , RI 02896

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

**Signed this 11 Day of July, 2022 at 1:55:38 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 SHEILA COYNE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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