



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>001725824</u>		2. Exact name of the Corporation <u>Dyslexia Advocacy Rhode Island</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>non profit promoting dyslexia awareness</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>195 Howard Avenue</u>			City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>ANGELA MAGGIACOMO</u>			Vice-President Name <u>Joseph MAGGIACOMO III</u>		
Street Address <u>195 Howard Avenue</u>			Street Address <u>195 Howard Avenue</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>
Secretary Name <u>ANGELA MAGGIACOMO</u>			Treasurer Name <u>MARY MAGGIACOMO</u>		
Street Address <u>195 Howard Avenue</u>			Street Address <u>850 SCITUATE AVE</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02931</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Joseph MAGGIACOMO III</u>			Director Name <u>ANGELA MAGGIACOMO</u>		
Street Address <u>195 Howard Avenue</u>			Street Address <u>195 Howard Avenue</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>
Director Name <u>MARY MAGGIACOMO</u>			Director Name		
Street Address <u>850 SCITUATE AVE</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02931</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <u>Joseph MAGGIACOMO III</u>					Date <u>10/11/23</u>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
146 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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