



**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000515247

**2. Name of Corporation** Developmental Disabilities Network for Children and Families

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

624190

**4. Principal Office Address**

No. and Street: 610 MANTON AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

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

THE DEVELOPMENTAL DISABILITIES NETWORK FOR CHILDREN AND FAMILIES IS A COMMUNITY OF AGENCIES THAT PROVIDES COMPREHENSIVE WRAP AROUND SERVICES CAPABLE OF INTERVENING IN THE LIVES OF THESE CHILDREN AND THEIR FAMILIES. BY WORKING TOGETHER, NETWORK MEMBERS CAN ENHANCE THE QUALITY OF SERVICES TO THESE CHILDREN.

**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
PRESIDENT	JUNE GRODEN	355 BLACKSTONE BLVD UNIT 449 PROVIDENCE, RI 02906 USA
DIRECTOR	JUNE GRODEN	355 BLACKSTONE BLVD UNIT 449 PROVIDENCE, RI 02906 USA
DIRECTOR	HELEN MORCOS	5954 PELICAN BAY BLVD UNIT 214 NAPLES, FL 34108 USA
DIRECTOR	RICHARD SPRATT	40 SHADY LANE DOUGLAS, MA 01516 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**

HELEN MORCOS 610 MANTON AVENUE PROVIDENCE , RI 02909

**8. 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 February, 2024 at 2:46:10 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 GRACE TOE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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