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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.

1. Entity ID Number	2. Exact name of the Corporation
000026324	Down Syndrome Society of Rhode Island, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE SUPPORT FOR DOWN SYNDROME CITIZENS AND THEIR FAMILIES
4. NAICS Code: 624120	

6. Principal Office Address	City	State	Zip
100 WASHINGTON ST UNIT 325	WEST WARWICK	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ASHLEY SCUNGIO			Vice-President Name: MELISSA HANSEN		
Street Address: 27 UNION AVE			Street Address: 57 QUINNS HILL EXT		
City: N. PROVIDENCE	State: RI	Zip: 02904	City: KILLINGLY	State: CT	Zip: 06241
Secretary Name: RALPH SALVATOREW			Treasurer Name: CLIFF BANNON		
Street Address: 82 ELNA ST			Street Address: 146 PEAKED ROCK RD		
City: N. KINGSTON	State: RI	Zip: 02852	City: WAKEFIELD	State: RI	Zip: 02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: STEPHEN FEOLE			Director Name: MICHELE COLEMAN		
Street Address: 80 ANGELL AVE			Street Address: 24 HUMPHREYS RD		
City: CRANSTON	State: RI	Zip: 02920	City: BARRINGTON	State: RI	Zip: 02806
Director Name: GERILYN CARBERRY			Director Name:		
Street Address: 5 SUTTER AVE			Street Address:		
City: WARWICK	State: RI	Zip: 02886	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	Date
CLIFF BANNON	**5/3/2024**

Signature of Officer/Authorized Representative: Cliff Bannon

FILED

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BY AR

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

FORM 631- Revised 12/2023