



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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 <b>001096847</b>		2. Exact name of the Corporation <b>Decoding Dyslexia Rhode Island</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>SPREADING DYSLEXIA AWARENESS AND EMPOWERING INDIVIDUALS WITH DYSLEXIA AND THEIR FAMILIES</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>378 Lafayette Rd</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SHANNON SAGILIO</b>			Vice-President Name <b>KARI KUTRO</b>		
Street Address <b>55 TUM A LUM CIRCLE</b>			Street Address <b>6 MECHANIC ST</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>SUZANNE ARENA</b>			Treasurer Name <b>JANE MORAN</b>		
Street Address <b>66 EAST MAIN ST</b>			Street Address <b>378 LAFAYETTE RD</b>		
City <b>GRISWOLD</b>	State <b>CT</b>	Zip <b>06351</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>TORI JESSOP-CROWLEY</b>			Director Name <b>LISE MALONEY</b>		
Street Address <b>102 TRYON AVE</b>			Street Address <b>17 BARTLETT RD</b>		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>SHANNON SAGILO</b>			Director Name <b>KARI KUTRO</b>		
Street Address <b>55 TUM A LUM CIRCLE</b>			Street Address <b>6 MECHANIC ST</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Jane Moran</b>				Date <b>09/23/2024</b>	
Signature of Officer/Authorized Representative <i>Jane Moran</i>				<b>FILED</b> <b>SEP 27 2024</b> <b>BY SPTJR</b> <b>11:34</b>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)