



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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

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

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BY SPT JR
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