



**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 2025: 2025

1. Corporate ID No. 000535437

2. Name of Corporation MS Dream Center - RI, Inc.

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

624120

4. Principal Office Address

No. and Street: 300 TOLLGATE ROAD

SUITE 104

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

PROVIDE AID, COMFORT AND SUPPORT TO INDIVIDUALS DIAGNOSED WITH MULTIPLE SCLEROSIS THROUGH COMMUNICATION, EDUCATION, WORKSHOPS, TREATMENT REGIMENS, SOCIAL INTERACTION, PHYSICAL THERAPY, INSURANCE AND BENEFITS ASSISTANCE

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	MICHAEL MATRACIA	140 MADISON AVENUE CRANSTON, RI 02920 USA
DIRECTOR	PATRICK O'BRIEN	90 SIGNAL RIDGE WAY E. GREENWICH, RI 02818 USA
TREASURER	ROBERT J SCLAMA	1845 SMITH STREET APT. 401 N. PROVIDENCE, RI 02911 USA
DIRECTOR	JOEL EVANS	220 ADIRONDACK DRIVE E. GREENWICH, RI 02818 USA
PRESIDENT	DONALD PERNA	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
SECRETARY	PATRICIA O'BRIEN	90 SIGNAL RIDGE WAY E. GREENWICH, RI 02818 USA
EXECUTIVE DIRECTOR	ANNE K DELSIGNORE	1800 PHENIX AVENUE CRANSTON, RI 02921 USA
DIRECTOR	MARIA I PERNA	425 MESHANTICUT VALLEY PKWY APT 305 CRANSTON, RI 02920 USA
DIRECTOR	JONATHAN FX CAHILL MD	16 CLAREDON AVENUE PROVIDENCE, RI 02903 USA
DIRECTOR	STEPHEN MAGUIRE	41 AUBURN AVE CRANSTON, RI 02920 USA
DIRECTOR	LAURA MAGUIRE	41 AUBURN AVE CRANSTON, RI 02920 USA
DIRECTOR	DONNA EVANS	220 ADIRONDACK DR E GREENEICH, RI 02818 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

DONALD PERNA 425 MESHANTICUT VALLEY PARKWAY, APT. 305 CRANSTON , RI 02920

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, 2025 at 3:38:04 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 DONALD PERNA
Signature of Authorized Person

Form No. 631
Revised 09/07

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