



**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. 001675828

2. Name of Corporation Community Access Speech Therapy, 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: 245 LEGRIS AVENUE

City or Town: WEST WARWICK

State: RI

Zip: 02769

Country: USA

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

1. TO PROVIDE HIGH-QUALITY, EVIDENCE-BASED, AFFORDABLE INDIVIDUAL AND/OR GROUP SPEECH LANGUAGE THERAPY TO INDIVIDUALS WITH COMMUNICATION AND/OR DEVELOPMENTAL DISORDERS/DISABILITIES, BASED ON AN ABILITY TO PAY. WE WILL TARGET INDIVIDUALS CLASSIFIED AS POOR OR FROM A LOW SOCIO-ECONOMIC BACKGROUND FOR WHOM ACCESS TO PRIVATE THERAPY MAY BE OTHERWISE UNAVAILABLE. WE WILL ACCEPT SLIDING SCALE PAYMENTS AND INSURANCES INCLUDING FEDERAL/STATE-FUNDED INSURANCES. WE WILL ALSO CONDUCT THERAPY/TRAININGS IN THE

COMMUNITY TO INCREASE ACCESS TO SERVICES AND TO PROVIDE OPPORTUNITIES TO THOSE FOR WHOM TRANSPORTATION IS A HARDSHIP. 2. TO DISSEMINATE TIMELY AND ACCURATE INFORMATION ABOUT COMMUNICATION/DEVELOPMENTAL DISORDERS TO CLIENTS, FAMILY MEMBERS, PHYSICIANS, OTHER INTERESTED PARTIES, AND THE GENERAL PUBLIC. 3. TO DEVELOP AND IMPLEMENT TRAINING PROGRAMS TO EMPOWER PEOPLE WITH COMMUNICATION/DEVELOPMENTAL DISABILITIES TO PARTICIPATE WITH MORE INDEPENDENCE IN INTERACTIONS WITHIN THEIR COMMUNITY. 4. TO ENGAGE IN ANY OTHER ACTIVITY WHICH WILL FURTHER SUPPORT COMMUNITY ENGAGEMENT AND PARTICIPATION FOR INDIVIDUALS WITH COMMUNICATION AND RELATED DISORDERS, THEIR FAMILIES, OR PROFESSIONALS TREATING INDIVIDUALS COMMUNICATION AND RELATED DISORDERS.

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
TREASURER	DANIEL KELSEY	251 MOUNTS BAY CT LONGWOOD, FL 32779 USA
SECRETARY	ALEXI WHELPLEY	245 LEGRIS AVE WEST WARWICK, RI 02893 USA
CHAIRPERSON	CHRISTOPHER WHITTIER	2314 MOUNT HEBRON DR. ELLCOT CITY , MD 21042 USA
REPRESENTATIVE	SARAH HAMEL	42 BAY STATE RD FL 2 REHOBOTH, MA 02769 USA
DIRECTOR	STEPHANIE IZZI DR.	42 BAY STATE RD APT 1 REHOBOTH, MA 02769 US
DIRECTOR	SARAH HAMEL	42 BAY STATE RD FL 2 REHOBOTH, MA 02769 USA
DIRECTOR	CHRISTOPHER WHITTIER	2314 MOUNT HEBRON DR. ELLCOT CITY, MD 21042 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

SARAH HAMEL 245 LEGRIS AVENUE WEST WARWICK , RI 02893

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of July, 2025 at 10:27:50 AM 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 STEPHANIE IZZI
Signature of Authorized Person

Form No. 631
Revised 09/07

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