



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

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: 2014

1. Corporate ID No. 000069533

2. Name of Corporation AMERICARES FOUNDATION, INC.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: 88 HAMILTON AVE

City or Town: STAMFORD, CT

State: RI

Zip: 06902

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 88 HAMILTON AVE

City or Town: STAMFORD

State: CT

Zip: 06902

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO SOLICIT CONTRIBUTIONS WHICH WILL BE USED TO SUPPLY EMERGENCY MEDICAL RELIEF AROUND THE WORLD IN THE FORM OF MEDICINE, MEDICAL SUPPLIES, AND TEAMS OF DOCTORS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL NYENHUIS	88 HAMILTON AVE STAMFORD, CT 06902 USA
TREASURER	WILLIAM POST	88 HAMILTON AVE STAMFORD, CT 06902 USA
SECRETARY	JOSEPH J RUCCI	88 HAMILTON AVE STAMFORD, CT 06902 USA

VICE PRESIDENT	KATHERINE SEARS	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	CAROL BAUER	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	JOHN KELLY	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	JOSEPH MERRILL	88 HAMILTON AVE STAMFORD, CT 06902 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATE CREATIONS NETWORK INC. 7 EVA LANE CRANSTON , RI 02921

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

Signed this 9 Day of June, 2014 at 11:50:51 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 KRISI GOODMAN
Signature of Authorized Person

Form No. 631
Revised 09/07