



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94375		2. Name of Corporation BRAIN TUMOR SUPPORT GROUP RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address 121 FRANCIS HORN DRIVE		City KINGSTON	Zip 02881
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE SUPPORT TO BRAIN TUMOR PATIENTS.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arthur Allenson			Vice President Name Judith V. Allenson		
Street Address 79 Meadow Street			Street Address 79 Meadow Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Betty J. Bentley			Treasurer Name Betty J. Bentley		
Street Address 400 Matteson Road			Street Address 400 Matteson Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Barbara K. Hart			Director Name Judith V. Allenson		
Street Address 121 Francis Horn Drive			Street Address 79 Meadow Street		
City Kingstown	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Director Name Betty J. Bentley			Director Name		
Street Address 400 Matteson Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Daniel J. Vieira			Address 50 Park Row West, Suite 111		
Address			City Providence, Rhode Island	Zip 02903	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date SEP 11 2008
Check No. By 44582
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Arthur Allenson Date 9-2-08
Print or Type Name of Officer
President
Title of Officer