



**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: 2010

1. Corporate ID No. 000505290

2. Name of Corporation ANGELMAN SYNDROME FOUNDATION, INC.

3. State of Incorporation

State: FL

4. Corporate Address in Rhode Island

No. and Street: 4255 WESTBROOK DRIVE
SUITE 219

City or Town: AURORA IL

State: RI Zip: 60504 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 4255 WESTBROOK DRIVE
SUITE 219

City or Town: AURORA State: IL Zip: 60504 Country: USA

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

TO SUPPORT INDIVIDUALS AND THEIR FAMILIES WITH ANGEL SYNDROME WITH
MEDICAL, SCIENTIFIC, & EDUCATIONAL PROFESSIONALS

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	TIMOTHY MCCARTY	219 E. EIGHTH STREET HINSDALE, IL 60521 USA
TREASURER	JOHN SUGDEN	200 RECTOR PLACE, APT. 11E NEW YORK, NY 10280 USA
SECRETARY	MITCHELL CASPERT	11 OXFORD ROAD NORTH CALDWELL, NJ 07006 USA
VICE PRESIDENT	SUSAN RAVELLETTE	3436 CARLETON STREET SAN DIEGO, CA 92106 USA
DIRECTOR	DEVAR BURBAGE	1128 PIPESTEM PLACE POTOMAC, MD 20854 USA
DIRECTOR	GREG DOHRMANN	3809 RIVERBOAT DRIVE STOCKTON, CA 95219 USA
DIRECTOR	STEVE KATZ MD	1002 STRATFORD AVENUE MELROSE PARK, PA 19027 USA
DIRECTOR	FRANK MCCULLOUGH	125 EASTRIDGE ROAD CHARLESTON, WV 25314 USA
DIRECTOR	ROBERT SCHILLER	3940 ALHAMBRA DRIVE W JACKSONVILLE, FL 32207 USA
DIRECTOR	MARY WAGSTAFF	6725 SUNSET BLVD., STE 590 LOS ANGELES, CA 90028 USA
DIRECTOR	CHARLES WILLIAMS MD	UNIVERSITY OF FLORIDA GAINESVILLE, FL 32610 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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 24 Day of May, 2010 at 12:10:54 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By TIMOTHY MCCARTY

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

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