

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 401.222.3040 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

penuity jee of \$25.00.						
1. Corporate ID No.	2. Name of Corpo					
000487777	The Complementary Cancer Care Foundation of Rhode Island					
3. State of Incorporation		ress in Rhode Island - Street A	ddress	City	*	
Rhode Island	100 North M	iain Street, 4th Floor		Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chard	acter of the affairs which	are actually conducted in Rh	ode Island			
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT)	ACES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Ruth Lorenzo						
Street Address			Street Address			
81 Proctor Avenue		2/2	City	State	Zip	
City	State	Zip	Cuy	J. W.		
East Greenwich	RI	02818	Treasurer Name			
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRE	SSES OF THE DIR	 ECTORS: <i>("X" BOX FOR</i>	 ATTACHMENT)	l PACES BEFORE USING ATT	ACHMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN THE	<u>REE</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Tony C. Wu			Gaiane Martirossian			
Street Address			Street Address			
285 Governor Street	. 2nd Floor		12 Intervale Road			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Cranston	RI	02910	
Director Name	<u> </u>		Director Name			
Susan Adler			Susan Hobin			
Street Address			Street Address			
20 River Farm Road			19 Plantation Driv			
City	State	Ζίρ	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02920	
9. REGISTERED AGEN	T IN RHODE ISLA	ND			i .	
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filin	g of Form 641 - R.I.G.L. 7-6	-13/7-6-78	
mi :	must be signed by	aither the President Vi	ce President Secretary, Assis	stant Secretary, Treasurer, R	eceiver or Trustee	

This report must be signed by either the President, Vice Presid

	00048777	7
File Date	FILED	
rue Date	JUL 0 7 2011	

BY.

Check No.

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
ctotements contained begin are true and correct.

Form 631 Rev. 09/17

THE COMPLEMENTARY CANCER CARE FOUNDATION OF RHODE ISLAND

Corporate ID#: 000487777

Additional Director:

Ruth Lorenzo 81 Proctor Avenue East Greenwich, RI 02818

