



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

**Non-Profit Corporation
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: 2011

1. Corporate ID No. 000103664

2. Name of Corporation The State of Rhode Island Cancer Council, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 249 ROOSEVELT AVENUE, SUITE 201

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO ESTABLISH A CANCER COUNCIL THAT WOULD BE RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE CANCER PLAN.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------------|---|--|
| TREASURER | CATHERINE GRAZIANO RN, PHD | 42 ROWLEY STREET PROVIDENCE, RI 02909 USA |
| SECRETARY | CATHERINE GRAZIANO RN, PHD | 42 ROWLEY STREET PROVIDENCE, RI 02909 USA |
| EXECUTIVE DIRECTOR | ARVIN S GLICKSMAN MD | 249 ROOSEVELT AVENUE, SUITE 201 PAWTUCKET, RI 02860 USA |
| DIRECTOR | ARVIN S GLICKSMAN MD | 249 ROOSEVELT AVENUE, SUITE 201 PAWTUCKET, RI 02860 USA |
| DIRECTOR | MARLENE MCCARTHY HLD | BREAST CANCER RESOURCE CENTER, 2 SHOPPERS PLAZA COVENTRY, RI 02816 USA |
| DIRECTOR | MICHAEL VEZERIDIS MD | UNIVERSITY SURGICAL ASSOC, TWO DUDLEY ST., SUITE 470 PROVIDENCE, RI 02905 USA |
| DIRECTOR | CATHERINE GRAZIANO RN, PHD | 42 ROWLEY STREET PROVIDENCE, RI 02909 USA |
| DIRECTOR | NUALA PELL | 45 LEDGE ROAD NEWPORT, RI 02840 USA |
| DIRECTOR | KENNETH R WALKER EDD | 399 BROWN STREET EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR | JAMES WILLSEY MDIV | ROGER WILLIAMS MEDICAL CENTER, 825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA |
| DIRECTOR | BARBARA BALDWIN | 81 HUDSON STREET, #2 PROVIDENCE, RI 02909 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

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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

Signed this 13 Day of July, 2011 at 10:58:41 AM. *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 § 7-6.*

By CATHERINE GRAZIANO
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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