



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 566845		2. Exact name of the Corporation Run While You Can			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 280 Great Island Road		City Narragansett	Zip 02882
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Finance and encourage Parkinson's Disease research					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Samuel R. Fox			Vice-President Name James R. Fox		
Street Address 245 Woodruff Avenue			Street Address 245 Woodruff Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Lucy L.E. Fox			Treasurer Name Lucy L.E. Fox		
Street Address 245 Woodruff Avenue			Street Address 245 Woodruff Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Samuel R. Fox			Director Name James R. Fox		
Street Address 245 Woodruff Avenue			Street Address 245 Woodruff Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Lucy L.E. Fox			Director Name		
Street Address 245 Woodruff Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 01/2012

FILED

JUN 28 2012

BY [Signature]
29-173856

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 [Signature]

Date 6-20-12

Print or Type Name of Officer Samuel R. Fox

Title of Officer Founder / Director