



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/business

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. <u>103664</u>		2. Exact name of the Corporation <u>The State of Rhode Island Cancer Council, Inc.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To establish a Cancer Council that would be responsible for development + implementation of a statewide Cancer Plan</u>			
5. Principal office address <u>249 Roosevelt Ave. Suite 201</u>		City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02870</u>	
President Name		Vice-President Name		24 AM 11:35	
Street Address		Street Address		STATE	
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name		2012	
Street Address		Street Address		SECRETARY DIV	
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (SEE BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name		Director Name		19 PM 12:18	
Street Address		Street Address		SECRETARY DIV	
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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

FILED

DEC 24 2012

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.

Barbara F. Bald
 Signature of Officer
BARBARA F BALDWIN
 Print or Type Name of Officer

Title of Officer _____

BY ME 18/028

The State of Rhode Island Cancer Council Officers & Directors

ID #103664

Barbara Baldwin, CHAIR

81 Hudson St.

Providence, RI 02909

Catherine Graziano, RN, Ph.D., TREASURER & SECRETARY

42 Rowley St.

Providence, RI

Arvin S. Glicksman, MD, EXECUTIVE DIRECTOR

249 Roosevelt Ave.

Pawtucket, RI 02860

DIRECTORS:

Marlene McCarthy

8 Juniper Lane

Coventry, RI 02816

Michael Vezeridis, MD

University Surgical Associates

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Providence, RI 02905

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Nuala Pell

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East Providence, RI 02914

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Roger Williams Medical Center

825 Chalkstone Ave.

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Barbara Baldwin

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Providence, RI 02909