



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 2013

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. 550952		2. Exact name of the Corporation Rhode Island Dercums Research Fund, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fundraising for medical research for Dercums Disease			
5. Principal office address 1 Drysdale Street Unit 101		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John O'Connor		Vice-President Name Andrew Perra			
Street Address 93 Rutherglen Ave		Street Address 7 Walnut Hill Rd			
City Providence	State RI	Zip 02907	City Coventry	State RI	Zip 02816
Secretary Name Lauren Blerne		Treasurer Name James B. Greene, JD			
Street Address 825 Pontiac Ave. Building 16 Apt 202		Street Address 1 Drysdale Street Unit 101			
City Cranston	State RI	Zip 02910	City Warren	State RI	Zip 02885
7. 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 Helen Fay		Director Name Kevin Conway			
Street Address 28 Ellsworth Street		Street Address 28 Silver Lake Ave			
City Warwick	State RI	Zip 02886	City Warwick	State ri	Zip 02886
Director Name Donna Gill		Director Name			
Street Address 200 Groveland Ave		Street Address			
City Warwick	State RI	Zip 02886	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

Form No. 631
Revised: 05/2012

FILED

JUN 26 2013

BY 1080

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 _____ Date **06/14/2013**

James B. Greene, JD

Print or Type Name of Officer

Treasurer

Title of Officer