



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

**Foreign Non-Profit
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: 2014

1. Corporate ID No. 000792740

2. Name of Corporation CHILDREN'S CARDIOMYOPATHY FOUNDATION

3. State of Incorporation

State: NJ

4. Corporate Address in Rhode Island

No. and Street: 66 HOOVER DRIVE

City or Town: CRESSKILL, NJ State: RI Zip: 07626 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 66 HOOVER DRIVE

City or Town: CRESSKILL State: NJ Zip: 07626 Country:

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

DEDICATED TO FINDING CAUSES AND CURES FOR PEDIATRIC CARDIOMYOPATHY, A CHRONIC DISEASE OF THE HEART MUSCLE THROUGH SUPPORT OF RESEARCH, EDUCATION, PATIENT SUPPORT AND INCREASED AWARENESS AND AVOCACY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	BRIAN NOLD	18 POWDERHORN DR HOHOKUS, NJ 07423 USA
SECRETARY	RAYMOND YUE	4175 WILLMAR DR. PALO ALTO, CA 94306 USA
DIRECTOR	CARNEY HAWKS	12 DOUBLING RD GREENWICH, CT 06830 USA

DIRECTOR	IAN SANDLER	250 EAST 53RD ST NEW YORK, NY 10022 USA
DIRECTOR	LISA YUE	66 HOOVER DRIVE CRESSILL, NJ 07626 USA
DIRECTOR	EDWARD YUE	66 HOOVER DR CRESSKILL, NJ 07626 USA
DIRECTOR	CAROLYN KONG	1 HEADQUARTERS RD WHITEHOUSE STATION, NJ 08889 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**

VIRGINIA LINDGREN 12 STAGECOACH ROAD CUMBERLAND , RI 02864

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

Signed this 3 Day of June, 2014 at 12:34:49 PM by the authorized person. *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 company, 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 LISA YUE
Signature of Authorized Person

Form No. 631
Revised 09/07