RI SOS Filing Number: 201441501880 Date: 06/17/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation		
146666	Alzheimer's CURE Foundation (The Lascarides Prize Foundation for the CURE of Alzheimer's)		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RI	P.O. Box 2543	Providence	02906
5. Foreign corporation. Enter principal office address	City	State	Zip
		RI	

6. Brief description of the character of business conducted in Rhode Island: In order to dramatically accelerate the cure for Alzheimer's we are creating "The Alzheimers Prize!" We are also educating the public through our award-winning TV program and support education through our Alzheimer's Scholarship Challenge.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name/Director	Vice-President Name/Director
E Marie Lascarides	Dr. Teni Boulikas
Street Address: P.O Box 2543	Street Address: c/o P.O. Box 2543
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name	**Treasurer Name**
Dr. Teni Boulikas	E Marie Lascarides
Street Address: c/o P.O. Box 2543	Street Address: P.O. Box 2543
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Cassandra Koulet	Antoinette Catouros
Street Address: c/o P.O. Box 2543	Street Address: c/o P.O. Box 2543
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Director Name	**Director Name**
Dr. Norman Gordon	Attorney Gregory Schadone
Street Address: c/o P.O. Box 2543	Street Address: c/o P.O. Box 2543
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

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 6/17/14
Check No 1263
By: _____

FILED
JUN 17 2014
By 226596

FOR SECRETARY OF STATE USE ONLY AA.

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.

6/17/14
Signature of Officer — Date

E. Marie Lascarides
Print or Type Name of Officer

Founder/President/CEO
Title of Officer

Form No. 631
Revised 08/2012