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
871742	THOMAS CANNAROZZO MEMORIAL FUND
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	Private charitable fundraising events supporting brain cancer research within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986

5. Principal office address	City	State	Zip
33 Susan Drive	Cumberland	RI	02864

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

President Name	City	State	Zip	Vice-President Name	City	State	Zip
Lauren Waterson				Christopher Waterson			
Street Address: 33 Susan Drive	Cumberland	RI	02864	Street Address: 33 Susan Drive	Cumberland	RI	02864
Secretary Name				**Treasurer Name**			
Christopher Waterson				Lauren Waterson			
Street Address: 33 Susan Drive	Cumberland	RI	02864	Street Address: 33 Susan Drive	Cumberland		02864

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

Director Name	City	State	Zip	Director Name	City	State	Zip
Lauren Waterson				Christopher Waterson			
Street Address: 33 Susan Drive	Cumberland	RI	02864	Street Address: 33 Susan Drive	Cumberland	RI	02864
Director Name				**Director Name**			
Carmen Cannarozzo							
Street Address: 33 Susan Drive	Cumberland		02864	Street Address	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, duly Authorized Representative, Receiver or Trustee

File Date _____ **FILED**

Check No _____

By: _____ JUL- 0 8 2014

FOR SECRETARY OF STATE USE ONLY BY 0991

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.

RCW 6/13/14

Signature of Officer or Authorized Representative — Date

LAUREN WATERSON

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014