



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 2015

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. 551043		2. Exact name of the Corporation Megan L. Cordeiro Memorial Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide support services for children with cancer.			
5. Principal office address 19 Blueberry Lane		City Tiverton		State RI	Zip 02878
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John T. Cordeiro			Vice-President Name Teresa M. Cordeiro		
Street Address 19 Blueberry Lane			Street Address 19 Blueberry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Sarah J. Cordeiro			Treasurer Name Chelsea M. Cordeiro		
Street Address 19 Blueberry Lane			Street Address 19 Blueberry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 John T. Cordeiro			Director Name Teresa M. Cordeiro		
Street Address 19 Blueberry Lane			Street Address 19 Blueberry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Sarah J. Cordeiro			Director Name Chelsea M. Cordeiro		
Street Address 19 Blueberry Lane			Street Address 19 Blueberry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 18 2015

BY 1066

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 or Authorized Representative

Date

John T. Cordeiro

Print or Type Name of Officer or Authorized Representative