



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. 159027		2. Exact name of the Corporation Hope Funds for Cancer Research			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To encourage investigation of innovative cancer treatment, prevention and detection and to increase knowledge relating to cancer care.			
5. Principal office address 729 Bellevue Avenue #3		City Newport	State RI	Zip 02840	
President Name Leah Rush Cann		Vice-President Name			
Street Address 729 Bellevue Avenue #3		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Leah Hartman		Treasurer Name Scott T. Lewis			
Street Address 262 Harbor Drive		Street Address 44 Old Wagon Road			
City Stamford	State CT	Zip 06902	City Wilton	State CT	Zip 06897
Director Name Charles V. Baltic, III JD		Director Name Gail L. Brown			
Street Address 40 Linden Circle		Street Address 700 Hanson Way			
City Scarborough	State CT	Zip 06902	City Palo Alto	State CA	Zip 94304
Director Name Robert Bazell		Director Name Leah Rush Cann			
Street Address Two Fifth Avenue, Apt. 7		Street Address 729 Bellevue Avenue #3			
City New York	State NY	Zip 10011	City Newport	State RI	Zip 02840

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

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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]
 Signature of Officer or Authorized Representative Date **4/22/2015**

Leah Cann Trustee
 Print or Type Name of Officer or Authorized Representative

2015 BOARD OF TRUSTEES

Patricia Bilden, MD
30 Severn Road
House B
The Peak
Hong Kong

George Demetri
Dana-Farber Cancer Institute
450 Brookline Avenue
Boston, MA 02215

Melissa Eisenstat
1125 Park Avenue
Apt. 6D
New York, NY 10128

David Garrett
535 Madison Avenue, 2nd FL
New York, NY 10022

Antonio J. Grillo-Lopez, MD
PO Box 3797
Rancho Sante Fe, CA 92067-3797

Leah A. Hartman
262 Harbor Drive
Stamford, CT 06902

Eugene Kennedy, MD
41 Moores Road
Frazer, PA 19355

Jonathan Lewis, MD, PhD
1180 Avenue of the Americas, 19th Floor
New York, NY 10036

Scott Lewis
44 Old Wagon Road
Wilton, CT 06897-2734

Paul D. Maxwell
1110 Ward Parkway
Apt. 2
Kansas City, MO 64112

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BY 159027

John E. Parks
300 Madison Avenue
New York, NY 10017

Andrew Robertson
BBDO
1285 Avenue of the Americas
New York, NY 10019

Gregory Van Schaack
180 E. 79th Street
#17A
New York, NY 10075

David Straus, MD
1275 York Avenue
New York, NY 10065

O. Lee Tawes III
100 Wall Street
New York, NY 10005

Bryan Williams
69 Ridge Road
Kallista 3791 Vic
Australia

Sam Gillson
7 Lucas Street
Newport RI 02840

Adrian Hobden
10813 Olallia Lane
Bainbridge Island, WA 98110

Azra Raza
620 West 143rd Street
New York, NY 10031

Gary Jobson
3 Church Circle
Annapolis, MD 21401

Stephen Navarro
Morgan Lewis
101 Park Avenue
New York, NY 10017

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