



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. 795534		2. Exact name of the Corporation EVERY FORTY SECONDS FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island 503(C) FOUNDATION FOR SUPPORT OF HEART DISEASE AND STROKE VICTIMS			
5. Principal office address 4 POND VIEW COURT			City SMITHFIELD	State RI	Zip 02917
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name MATTHEW ROTELLA			Vice-President Name ALYSSA NICYNSKI		
Street Address 4 POND VIEW COURT			Street Address 195 OAKLAND BEACH AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WARWICK	State RI	Zip 02889
Secretary Name FRANCA ROTELLA			Treasurer Name KENNETH ROTELLA		
Street Address 12 TANGLEWOOD LANE			Street Address 4 PRICE LANE		
City NORTH PROVIDENCE	State RI	Zip 02904	City SMITHFIELD	State RI	Zip 02917
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 ANGELO S. ROTELLA			Director Name MATTHEW ROTELLA		
Street Address 4 POND VIEW COURT			Street Address 4 POND VIEW COURT		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name <i>Alyssa Nicynski</i>			Director Name		
Street Address <i>195 Oakland Beach Ave</i>			Street Address		
City <i>Warwick</i>	State <i>RI</i>	Zip <i>02889</i>	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

Filed Date: _____
 Check No: _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 13 2015

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.

Alyssa Nicynski 5-6-15
 Signature of Officer or Authorized Representative Date

Vice President
 Print or Type Name of Officer or Authorized Representative