



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000968832

2. Name of Corporation Jerry's Friends - Type 1 Diabetes Network

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 60 VALLEY ST
UNIT 105

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

1. PURPOSE: THE AFFILIATE CORPORATION, JERRY'S FRIENDS, IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING PROVISION OF ANY FUTURE FEDERAL TAX CODE OR LAW. 2. MISSION: THE MISSION OF THE AFFILIATE CORPORATION, JERRY'S FRIENDS, IS TO GET JERRY THE BEAR INTO THE HANDS OF EVERY CHILD DIAGNOSED WITH TYPE 1 DIABETES. THE MISSION OF THE PARENT CORPORATION T1DN IS TO PROVIDE EDUCATION, RESOURCES, SUPPORT, ASSISTANCE, AND HOPE TO TYPE ONE DIABETICS AND THEIR FAMILIES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	TASHA TAYLOR	PO BOX 1234 MIDLOTHIAN, TX 76065 USA
DIRECTOR	ALISSA LAZARO	201 LEONARD ST. BROOKLYN, NY 11206 USA
DIRECTOR	ANDREAS NICHOLAS	166 VALLEY ST. #6A204 PROVIDENCE, RI 02909 USA
DIRECTOR	ANDREW MIGLIORI	392 ROCHAMBEAU AVE. PROVIDENCE, RI 02906 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AARON HOROWITZ 60 VALLEY STREET PROVIDENCE , RI 02909

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of December, 2015 at 10:17:14 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AARON HOROWITZ
Signature of Authorized Person

Form No. 631
Revised 09/07