



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

Foreign Non-Profit
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: 2016

1. Corporate ID No. 000898602

2. Name of Corporation Arms Wide Open Childhood Cancer Foundation A NJ Nonprofit Corporation

3. State of Incorporation

State: NJ

4. Corporate Address in Rhode Island

No. and Street: 3 DICKSON ROAD

City or Town: MARLBORO

State: RI

Zip: 07746

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3 DICKSON ROAD

City or Town: MARLBORO State: NJ Zip: 07746 Country:

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

EXCLUSIVELY FOR CHARITABLE EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF IRC 501(C)(3)

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DENA M. SHERWOOD	3 DICKSON ROAD MARLBORO, NJ 07746 USA
TREASURER	ROSEMARY TARANTO	109 BAY TERRACE STATEN ISLAND, NY 10306 USA
SECRETARY	ROSEMARY TARANTO	109 BAY TERRACE STATEN ISLAND, NY 10306 USA
VICE PRESIDENT	WILLIAM SHERWOOD	3 DICKSON ROAD

		MARLBORO, NJ 07746 USA
TRUSTEE	LINDA TARANTO	12 BARTLETT COURT MATAWAN, NJ 07747 USA
TRUSTEE	CARMEN MURRAY	1441 BRIARBERRY LANE GILROY, CA 95020 USA
TRUSTEE	MIKE GILLETTE	10311 BEAUMONT STREET FAIRFAX, VA 22030 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**

NORTHWEST REGISTERED AGENT, LLC ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 4 Day of May, 2016 at 10:55:04 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 AMANDA A. BOWEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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