



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. 000023382

2. Name of Corporation The Leukemia & Lymphoma Society, Inc.

3. State of Incorporation

State: NY

4. Corporate Address in Rhode Island

No. and Street: 2348 POST ROAD, SUITE 202

City or Town: WARWICK

State: RI Zip: 02889 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3 INTERNATIONAL DRIVE

SUITE 200

City or Town: RYE BROOK State: NY Zip: 10573 Country: USA

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

TO RAISE FUNDS TO SUPPORT OUR PROGRAMS OF RESEARCH, PATIENT-AID AND PUBLIC AND PROFESSIONAL EDUCATION

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	LOUIS J. DEGENNARO PHD	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
CFO	ROSEMARIE LOFFREDO	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
CHIEF PRODUCT OFFICER	ANDREW S. COCCARI	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
CHAIRMAN OF THE BOARD	JAMES DAVIS PHD, JD	3 INTERNATIONAL DRIVE

		RYE BROOK, NY 10573 USA
VICE CHAIR	BETSY J. CLARK	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
SECRETARY/TREASURER	KENNETH M. SCHWARTZ	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
AT LARGE	DONALD R. PROCTOR	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 USA
CHIEF DEVELOPMENT OFFICER	MARK R. ROITHMAYR	3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 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**

SHARON KLEIN 2348 POST ROAD, SUITE 202 WARWICK , RI 02886

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

Signed this 18 Day of May, 2016 at 4:07:09 PM 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 SHARON S. KLEIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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