RI SOS Filing Number: 201699373680 Date: 05/25/2016 4:00 PM

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 2016

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.	2. Exact name of the Corporation
551043	**Megan L. Cordeiro Memorial Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To provide support services for children with cancer**

5. Principal office address	City	State	Zip
19 Blueberry Lane	**Tiverton**	**RI**	**02878**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
John T. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Vice-President Name	Street Address	City	State	Zip
Teresa M. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Secretary Name	Street Address	City	State	Zip
Sarah J. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Treasurer Name	Street Address	City	State	Zip
Chelsea M. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
John T. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Teresa M. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Sarah J. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Chelsea M. Cordeiro	**19 Blueberry Lane**	**Tiverton**	**RI**	**02878**

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

File Date
Check No
By: **BY**
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 25 2016
KL 1093

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 of Officer or Authorized Representative — Date: 5-23-16

John T. Cordeiro
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
137308-5-1120425