



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.** 000023961

**2. Name of Corporation** March of Dimes Foundation

**3. State of Incorporation**

State: NY

**4. Corporate Address in Rhode Island**

No. and Street: 1275 MAMARONECK AVENUE

City or Town: WHITE PLAINS, NY

State: RI Zip: 10605 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**

NON-PROFIT, NON-STOCK, CHARITABLE CORPORATION.

**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	JENNIFER L. HOWSE PH.D.	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA
TREASURER	MONICA LUECHTEFELD	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA
SECRETARY	JOHN RAINEY	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA
VICE CHAIR	JONATHAN SPECTOR	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA

CHAIRMAN	GARY DIXON	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA
VICE CHAIR	DONALD GERMANO	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 USA
VICE CHAIR	MONICA LUECHTEFELD	1275 MAMARONECK AVE. WHITE PLAINS, NY 10605 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 30 Day of June, 2016 at 12:54:29 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 KAREN E. ANDREWS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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