



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: 2016

1. Corporate ID No. 000055026

2. Name of Corporation ALZHEIMER'S ASSOCIATION, RHODE ISLAND CHAPTER

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 245 WATERMAN STREET, SUITE 306

City or Town: PROVIDENCE

State: RI Zip: 02906 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

EDUCATION AND SUPPORT OF FAMILIES AND HEALTH CARE PERSONS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ERICA OLOBRI, CPA	155 SOUTH MAIN STREET, SUITE 100 PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	DONNA MCGOWAN	55 AMERICO DRIVE WARWICK, RI 02889 USA
ASSISTANT VICE PRESIDENT	PAMELA G. HALLAGAN	700 QUAKER LANCE

		WARWICK, RI 02886 USA
PRESIDENT AND CHAIR	JACQUELINE WALDON,CPA	50 HOLDEN STREET PROVIDENCE, RI 02908 USA
SECRETARY	THOMAS J. ENRIGHT, ESQ	40 WESTMINISTER STREET, SUITE 1100 PROVIDENCE, RI 02903 USA
DIRECTOR	GREG GELINEAU	114 TANGLEWOOD DRIVE WEST WARWICK, RI 02893 USA
DIRECTOR	MACRINA G. HJERPE ESQ.	ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903 USA
DIRECTOR	LAURA STANTON MD	164 SUMMIT AVE., FAIN 2B PROVIDENCE, RI 02906 USA
DIRECTOR	LORI DAIELLO, PHARM.D,SCM	593 EDDY STREET, APC 725 PROVIDENE, RI 02903 USA
DIRECTOR	STACEY FIELDS, CPA	951 NORTH MAIN STREET PROVIDENE, RI 02904 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**

DONNA MCGOWAN 245 WATERMAN STREET, SUITE 306 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 5 Day of July, 2016 at 12:54:16 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 /S/ JACQUELINE C. WALDON
Signature of Authorized Person

Form No. 631
Revised 09/07

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