



**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. 000126173

2. Name of Corporation Mastokids, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: ONE CITIZENS PLAZA, 8TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 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

TO RAISE AWARENESS, PROVIDE EDUCATIONAL MATERIALS AND PARTAKE IN VARIOUS FUND RAISING ACTIVITIES TO SUPPORT FURTHER RESEARCH ON PEDIATRIC MASTOCYTOSIS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR	JENNIFER BYRD	19 ROANOKE COVE JACKSON, TN 38305 USA
DIRECTOR	NANCY SMITH	337 CROOK AVE

		HENDERSON, TN 38340 USA
DIRECTOR	RACHEL PALACIO	7127 COLDWATER STREET SPARKS, NV 89436 USA
DIRECTOR	KELLEY SCHNIEDERS	5010 W. 142ND TERRACE LEAWOOD, KS 66224 USA
DIRECTOR	TINA MISCOE	5803 RISING HILLS DR AUSTIN, TX 78759 USA
PRESIDENT	JENNIFER BYRD	19 ROANOKE COVE JACKSON, TN 38305 USA
SECRETARY	NANCY SMITH	337 CROOK AVE HENDERSON, TN 38340 USA
TREASURER	CRIS RICHARDSON	171 HERITAGE PKWY BLUFFTON, SC 29910 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**

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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

Signed this 6 Day of July, 2016 at 2:27:39 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 NANCY SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07