



**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. 000121445

2. Name of Corporation STELLA AMOAH CANCER FOUNDATION (SACF)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 27 GEM STREET, SUITE B1

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 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 SERVE AS AN EDUCATION RESOURCE TO CANCER PATIENTS ESPECIALLY THE
UNDERSERVED POPULATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	STELLA D. AMOAH RN	27 GEM STREET NORTH PROVIDENCE, RI 02904 USA
TREASURER	JOSEPH OTI-AKENTEN	92 OUTLOOK DR. WORCESTER, MA 01602 US

CEO	JOHN K AMOAH	27 GEM SF NORTH PROVIDENCE, RI 02904 US
VICE CHAIR	DOUGLAS CRPSS	2174 SHETLAND RD. DEAN PRAIRE, MN 55347 US
DIRECTOR	SUSAN MCMILLAN	2174 SHETLAND ROAD DEN PRAIRIE, MN 55347 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

JOHN AMOAH 27 GEM STREET, SUITE B1 NORTH PROVIDENCE , RI 02904

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

Signed this 8 Day of July, 2016 at 3:05:23 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 JOHN AMOAH
 Signature of Authorized Person

Form No. 631
 Revised 09/07

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