



**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.** 001481141

**2. Name of Corporation** RHODE ISLAND OVARIAN CANCER ALLIANCE INC

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 164 BEAR HILL RD  
UNIT 31

City or Town: CUMBERLAND State: RI Zip: 02864 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 OBTAIN DONATIONS THROUGH FUNDRAISING FOR THE PURPOSES OF PROVIDING SERVICES AND RESEARCH FOR VICTIMS AND THEIR FAMILIES IMPACTED BY OVARIAN CANCER AND OTHER RELATED ILLNESSES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
INCORPORATOR	DAVE HUNTOON CPA	931 JEFFERSON BLVD STE 1000 WARWICK, RI 02886 USA

DIRECTOR	ROBERT RICCI	164 BEAR HILL RD CUMBERLAND, RI 02864 USA
DIRECTOR	KATHY MORRIS	80 CHAPEL ST LINCOLN, RI 02865 USA
DIRECTOR	FRANK O'DONNELL	1 RIVERVIEW DRIVE NORTH PROVIDENCE, 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 RICCI 164 BEAR HILL ROAD, UNIT 31 CUMBERLAND , RI 02864

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

**Signed this 14 Day of July, 2016 at 3:00:31 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 DAVE HUNTOON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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