State	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615		
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. 000797071				
2. Name of Corporation Chase the Cure, Inc				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street: 121 THOMAS LEIGHTON BOULEVARD 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				
RAISE MONEY TO FUND RESEARCH AND AWARENESS FOR RARE DISEASE NIEMANN PICK TYPE C. EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES THE MAKING OR DISTRIUBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS				
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).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		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country	
PRESIDENT	SHANNON REEDY	121 THOMAS LEIGHTC CUMBERLAND, RI 02864		

VICE PRESIDENT	DONNA L SPOONER	28 WOODLAND COURT LINCOLN, RI 02865 USA		
DIRECTOR	DONNA SPOONER	28 WOODLAND COURT LINCOLN, RI 02865 USA		
DIRECTOR	SHANNON REEDY	121 THOMAS LEIGHTON BLVD CUMBERLAND, RI 02864 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				
SHANNON REEDY 121 THOMAS LEIGHTON BOULEVARD 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 20 Day of February, 2017 at 2:31:44 PM by the authorized person. <i>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.</i>				
By <u>SHANNON REEDY</u> Signature of Authorized Person				
Form No. 631 Revised 09/07				
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