



**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: 2017

1. Corporate ID No. 000967061

2. Name of Corporation Prevent, Care, Cure!

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 216 BROWN STREET

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

SAID CORPORATION IS A NONPROFIT PUBLIC BENEFIT ORGANIZATION THAT IS ORGANIZED AND SHALL OPERATE EXCLUSIVELY FOR CHARITABLE, SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW AND THE REGULATIONS PROMULGATED THEREUNDER). SUCH PURPOSES SHALL BE FURTHERED BY ACTIVITIES WHICH INCLUDE PROVIDING ASSISTANCE TO HEALTH AND MEDICAL CHARITIES THAT WISH TO PARTICIPATE IN WORKPLACE GIVING CAMPAIGNS, AND THE TRANSACTING OF ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN WHICH NONPROFIT CORPORATIONS MAY BE ENGAGED UNDER THE RI NONPROFIT CORPORATION ACT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|------------------------------|---|---|
| PRESIDENT | DONNA STEWART | 31729 FOREST LANE WARREN, MI 48093 USA |
| SECRETARY | SCOTT LOWELL | 1210 KENSINGTON DRIVE GROSS POINTE PARK, MI 48230 USA |
| VICE PRESIDENT AND TREASURER | PHIL FREMONT-SMITH | 30 SOMERSET STREET BELMONT, MA 02478 USA |
| DIRECTOR | DONNA STEWART | 31729 FOREST LANE WARREN, MI 48093 USA |
| DIRECTOR | PHIL FREMONT-SMITH | 30 SOMERSET DRIVE BELMONT, MA 02478 USA |
| DIRECTOR | SCOTT LOWELL | 1210 KENSINGTON DRIVE GROSS POINTE PARK, MI 48230 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**

MICHAEL A. LUCAS, CPA 643 METACOM AVENUE BRISTOL , RI 02809

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

Signed this 25 Day of February, 2017 at 8:57:26 AM 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 DONNA STEWART
Signature of Authorized Person

Form No. 631
Revised 09/07