RI SOS Filing Number: 201745854240 Date: 6/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number: 146666 3	2. Exact name of the Corporation: (Alzheimer's CURE Foundation) The Lascarides Prize Foundation for the Cure of Alzheimer's, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Our mission is to dramatically accelerate the cure for Alzheimer's by introducing the concept of healthy and vibrant competition. At the same time we disseminate information about Alzheimer's to the community and support education.
4. NAICS Code: 813212	
6. Principal Office Address: P.O. Box 2543	City: Providence; State: RI; Zip: 02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Marie Lascarides		Vice-President Name: Dr. Tenis Boulikas	
Street Address: P.O. Box 2543		Street Address: P.O. Box 2543	
City: Providence	State: RI Zip: 02906	City: Providence	State: RI Zip: 02906
Secretary Name: Danielle Girdano		Treasurer Name: Danielle Girdano	
Street Address: P.O. Box 2543		Street Address: P.O. Box 2543	
City: Providence	State: RI Zip: 02906	City: Providence	State: RI Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. (ALL THREE OFFICERS ABOVE ARE ALSO DIRECTORS) Check the box to indicate an attachment ☐

Director Name: Dr. Lisa Hollis-Sawyer		Director Name: Dr. Dennis Pantazatos	
Street Address: P.O. Box 2543		Street Address: P.O Box 2543	
City: Providence	State: RI Zip: 02906	City: Providence	State: RI Zip: 02906
Director Name: Anna Burkman		Director Name:	
Street Address: P.O. Box 2543		Street Address:	
City: Providence	State: RI Zip: 02906	City:	State: Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Officer/Authorized Representative: Marie Lascarides, Founder/President	Date: 6/19/2017
Signature of Officer/Authorized Representative:	

FILED
JUN 19 2017
BY 306390

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017