



**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

**Foreign Non-Profit
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. 000505290

2. Name of Corporation ANGELMAN SYNDROME FOUNDATION, INC.

3. State of Incorporation

State: FL

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813319

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 31 GILFEATHER LN

City or Town: KINGSTON State: ME Zip: 02364 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO SUPPORT INDIVIDUALS AND THEIR FAMILIES WITH ANGEL SYNDROME WITH MEDICAL, SCIENTIFIC, & EDUCATIONAL PROFESSIONALS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GREG DOHRMANN	3809 RIVERBOAT DR. STOCKTON, CA 95219 USA
TREASURER	KATHY ROKITA	8823 WOODACRE LANE INDIANAPOLIS, IN 46240 USA
SECRETARY	JUSTIN GRILL	331 S. LAKE AVE SPRING LAKE, MI 49456 USA
DIRECTOR	MICHAEL CECERE	31 GILFEATHER LN KINGSTON, ME 02364 USA
DIRECTOR	EILEEN BRAUN	4255 WESTBROOK DR. # AURORA, IL 60504 USA
DIRECTOR	DAN HARVEY	6254 LAKEWOOD ST SAN DIEGO, CA 92122 USA
DIRECTOR	MARY WAGSTAFF	6725 SUNSET BLVD., STE 590 LOS ANGELES, CA 90028 USA
DIRECTOR	STEVE KATZ MD	1002 STRATFORD AVENUE MELROSE PARK, PA 19027 USA
DIRECTOR	TIMOTHY BOUSUM	43 WASHINGTON STREET IPSWICH, MA 01938 USA
DIRECTOR	JUSTIN GRILL	331 S LAKE AVE SPRING LAKE, MI 49456 USA
DIRECTOR	SHANNON PRUITT	3215 BARBYDELL DR LOSANGELES, CA 90064 USA
DIRECTOR	STEVE SUKIN	15 TEALBRIAR CIR THE WOODLANDS, TX 77381 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**

INCorp SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 26 Day of June, 2017 at 3:25:21 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 EILEEN BRAUN
Signature of Authorized Person

Form No. 631
Revised 09/07