



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 000983104		2. Exact name of the Corporation The Discovery Engine			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Measure, store, and curate data related to scientific merit			
4. NAICS Code 813920					
6. Principal Office Address 166 Hillside Ave.			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Moore			Vice-President Name John Armstrong		
Street Address 166 Hillside Ave.			Street Address 86 Oxford St.		
City Pawtucket	State RI	Zip 02860	City Cambridge	State MA	Zip 02138
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Moore			Director Name Theresa Desrochers		
Street Address 166 Hillside Ave.			Street Address 166 Hillside Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name John Armstrong			Director Name		
Street Address 86 Oxford St.			Street Address		
City Cambridge	State MA	Zip 02138	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Christopher Moore					Date 6/15/2017
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2017