



**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. 001665816

2. Name of Corporation SHORT BOWEL SYNDROME FOUNDATION, INC.

3. State of Incorporation

State: NE

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

4. Corporate Address in Rhode Island

No. and Street: 260 LONSDALE AVENUE
City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 6705 MILAN DRIVE

City or Town: LINCOLN State: NE Zip: 68526 Country:

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

CHARITABLE, RELIGIOUS, EDUCATIONAL, SCIENTIFIC AND LITERARY PURPOSES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JON A. VANDERHOOF, MD	14080 HOSPITAL ROAD, BOYS TOWN MEDICAL CLINIC BOYS TOWN, NE 68016 USA
TREASURER	LEO JABLONSKI	4850 QUARRY LEDGE ROAD ROCA, NE 68430 USA
SECRETARY	ROSEMARY YOUNG	14080 HOSPITAL ROAD, BOYS TOWN MEDICAL CLINIC BOYS TOWN, NE 68016 USA
DIRECTOR OF PATIENT AND PARENT ADVOCACY	ERWIN M. SIMMONS	11639 WILLOW PARK DR GRETN, NE 68028 USA
SURGICAL DIRECTOR	KAREEM ABU-ELMABD MD	CLEVELAND CLINIC MAIN CAMPUS 9500 EUCLID AVENUE CLEVELAND,, OH 44195 USA
DIRECTOR	LEO JABLONSKI	4850 QUARRY LEDGE ROAD ROCA, NE 68430 USA
DIRECTOR	ANDREW JABLONSKI	6705 MILAN DR LINCOLN, NE 68526 USA
DIRECTOR	ROSEMARY YOUNG	14080 HOSPITAL ROAD, BOYS TOWN MEDICAL CLINIC BOYS TOWN, NE 68016 USA
DIRECTOR	JON A VANDERHOOF MD	14080 HOSPITAL ROAD, BOYS TOWN MEDICAL CLINIC BOYS TOWN,, NE 68016 USA
DIRECTOR	KAREEM ABU-ELMABD MD	CLEVELAND CLINIC MAIN CAMPUS 9500 EUCLID AVENUE CLEVELAND, , OH 44195 USA
DIRECTOR	DONALD KIRBY MD	CLEVELAND CLINIC MAIN CAMPUS MAIL CODE A51 9500 E CLEVELAND, OH 44195 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

EDWARD G. LAWSON, JR., ESQ. 260 LONSDALE AVENUE PAWTUCKET , RI 02860

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

Signed this 1 Day of July, 2017 at 7:34:13 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 EDWARD G. LAWSON
Signature of Authorized Person

Form No. 631
Revised 09/07