



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 57990		2. Exact name of the Corporation The Tomorrow Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Support for children with cancer and pediatric oncology program at Hasbro Children's Hospital.			
5. Principal office address 593 Eddy Street		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS NAMES AND ADDRESSES (X= BOX FOR ATTACHMENT)					
President Name Robert Markarian		Vice-President Name Heather Zinni			
Street Address 15 River Run		Street Address 84 Winsor Avenue			
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
Secretary Name Karin Marzilli		Treasurer Name Ralph Palumbo			
Street Address 114 Moccasin Trail		Street Address 79 Gilbert Stewart Drive			
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02818
7. LIST ALL DIRECTORS NAMES AND ADDRESSES (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X= BOX FOR ATTACHMENT))					
Director Name Robert Markarian		Director Name Heather Zinni			
Street Address 15 River Run		Street Address 84 Winsor Avenue			
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
Director Name Karin Marzilli		Director Name Ralph Palumbo			
Street Address 114 Moccasin Trail		Street Address 79 Gilbert Stewart Drive			
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02818
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2017

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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.

Robert Markarian 6/26/2017
 Signature of Officer or Authorized Representative Date

Robert Markarian, President

Print or Type Name of Officer or Authorized Representative