



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 159027		2. Exact name of the Corporation Hope Funds for Cancer Research			
3. State of Incorporation Rhode Island <i>8/24/17</i>		4. Brief description of the character of business conducted in Rhode Island To Encourage Investigation of Innovative Cancer Treatment			
5. Principal Office Address 729 Bellevue Avenue #3			City Newport	State RI	Zip 02840
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Leah Rush Cann			Vice-President Name		
Street Address 729 Bellevue Avenue #3			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Leah Hartman			Treasurer Name Scott T. Lewis		
Street Address 262 Harbor Drive			Street Address 44 Old Wagon Road		
City Stamford	State CT	Zip 06902	City Wilton	State CT	Zip 06897
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Charles V. Baltic, III JD			Director Name Gail L. Brown		
Street Address 40 Linden Circle			Street Address 700 Hanson Way		
City Scarborough	State CT	Zip 06902	City Palo Alto	State CA	Zip 94304
Director Name Robert Bazell			Director Name Leah Rush Cann		
Street Address Two Fifth Avenue, Apt. 7			Street Address 729 Bellevue Avenue #3		
City New York	State NY	Zip 10011	City Newport	State RI	Zip 02840
8. 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 <i>MAURICE MAERZKE</i>				Date 7/21/17	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED

JUL 24 2017

BY

2768 DS

2017 BOARD OF TRUSTEES

Patricia Bilden, MD
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The Peak
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159027

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