



**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

**Non-Profit Corporation  
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.** 001663941

**2. Name of Corporation** Dysautonomia Support Network

**3. State of Incorporation**

State: RI

**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

813212

**4. Corporate Address in Rhode Island**

No. and Street: 18 WHITTIER DR

City or Town: JOHNSTON

State: RI

Zip: 02919-5174

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 18 WHITTIER DRIVE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: UNI

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

EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501 C3 OF THE INTERNAL REVENUE CODE OF 1986

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	AMANDA AIKULOLA	18 WHITTIER DRIVE JOHNSTON, RI 02919 USA
TREASURER	JASON SHAVER	529 JM PENNINGER ROAD LEXINGTON , NC 27292 USA
SECRETARY	MARISA MICHELS	701 HARBOR SPRINGS TRAIL VIRGINIA BEACH , VA 23462 USA
DIRECTOR	PATRICIA MEEGAN	195 ARLINGTON AVE WARWICK, RI 02889 USA
DIRECTOR	JON RODIS	45 PEARL AVENUE, UNIT 3 WINTHROP , MA 02152 USA
DIRECTOR	AMANDA AIKULOLA	18 WHITTIER DR JOHNSTON, RI 02919-5174 USA
DIRECTOR	JASON SHAVER	529 JM PENNINGER ROAD LEXINGTON, NC 27292 USA
DIRECTOR	MARISA MICHELS	701 HARBOR SPRINGS TRAIL VIRGINIA BEACH, VA 23462 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**

AMANDA AIKULOLA 18 WHITTIER DRIVE JOHNSTON , RI 02919

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

**Signed this 7 Day of September, 2017 at 4:13:26 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 AMANDA AIKULOLA  
Signature of Authorized Person

Form No. 631  
Revised 09/07