State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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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	2. Exact name of the Corporation
000797071	**Chase the Cure, Inc**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **RAISE MONEY TO FUND RESEARCH AND AWARENESS FOR RARE DISEASE NIEMANN PICK TYPE C. EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES THE MAKING OR DISTRIUBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT**
4. NAICS Code: **813212 - Voluntary Health Orga**	

6. Principal Office Address	City	State	Zip
121 Thomas Leighton Blvd	**Cumberland**	**RI**	**02864**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Shannon Reedy**			Vice-President Name **Raymond DiGiovanni**		
Street Address **121 Thomas Leighton Blvd**			Street Address **121 Thomas Leighton Blvd**		
City **Cumberland**	State **RI**	Zip **02864**	City **Cumberland**	State **RI**	Zip **02864**
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 ☐

Director Name **Shannon Reedy**			Director Name **Raymond DiGiovanni**		
Street Address **121 Thomas Leighton Blvd**			Street Address **121 Thomas Leighton Blvd**		
City **Cumberland**	State **RI**	Zip **02864**	City **Cumberland**	State **RI**	Zip **02864**
Director Name **Donna Spooner**			Director Name		
Street Address **121 Thomas Leighton Blvd**			Street Address		
City **Cumberland**	State **RI**	Zip **02864**	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.

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	Date
Shannon Reedy	**May 18, 2018**

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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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BY 331083

FORM 631 - Revised: 11/2017