



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

Annual Report for the year: **2017**

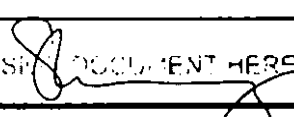
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

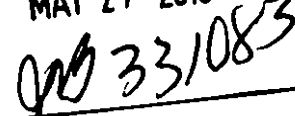
RECEIVED STATE
SECRETARY OF REVENUE
CORPORATIONS DIV
2018 MAY 21 AM 11:31

1. Entity ID Number 000797071		2. Exact name of the Corporation 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 121 Thomas Leighton Blvd		City Cumberland	State RI
		Zip 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 Shannon Reedy			Date May 18, 2018
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAY 21 2018

BY 

FORM 631 - Revised: 11/2017