



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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.

STAMP

FOR

1. Entity ID Number 00099786		2. Exact name of the Corporation National Institute for Sports Science and Safety, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support R&D solutions for sports injury prevention, support R&D of pediatric medical devices NAICS Code 541715 Research and Development in the Physical, Engineering, and Life Sciences			
4. NAICS Code 541715					
6. Principal Office Address Coro West, Suite 404, 1 Hoppin Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard M. Greenwald			Vice-President Name Joseph J. Crisco		
Street Address Coro West, Suite 404, 1 Hoppin Street			Street Address Coro West, Suite 404, 1 Hoppin Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Jonathan D. Lurie			Treasurer Name John G. Stephens		
Street Address 65 Bean Road			Street Address 1110 Turnpike Road		
City Plainfield	State NH	Zip 03781	City Norwich	State VT	Zip 05055
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard M. Greenwald			Director Name Joseph J. Crisco		
Street Address Coro West, Suite 404, 1 Hoppin Street			Street Address Coro West, Suite 404, 1 Hoppin Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Jonathan D. Lurie			Director Name John G. Stephens		
Street Address 65 Bean Road			Street Address 1110 Turnpike Road		
City Plainfield	State NH	Zip 03781	City Norwich	State VT	Zip 05055
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 Richard M. Greenwald				Date 06/05/2018	
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

FILED

JUN 07 2018

BY

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FORM 631 - Revised: 11/2017