



**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: 2018

1. Corporate ID No. 000118616

2. Name of Corporation GAIA Vaccine Foundation

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: 188 VALLEY STREET
SUITE 424

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO RAISE AND DISTRIBUTE FUNDS FOR THE DEVELOPMENT AND DISTRIBUTION OF A GLOBALLY EFFECTIVE VACCINE AGAINST HIV/AIDS. ALSO SUPPORT EDUCATION OF THE PUBLIC AND VACCINE PROVIDERS ABOUT THE NEED FOR A GLOBALLY EFFECTIVE AIDS VACCINE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY SAFFRIT	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
EXECUTIVE	ELIZA SQUIBB	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
FOUNDER	ANNE S DEGROOT	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT MORRIS	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SARAH BESEME	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CHERIF DIAKITE	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	BINTOU CHATTERTON	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	NED HELTZER	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JANET MCNICHOLL	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	NEVILLE BEDFORD	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SOPHIE SPRECHT	146 CLIFFORD STREET PROVIDENCE , RI 02903 USA
DIRECTOR	LIZ GEORGE	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	AYAKO MARUYAMA	146 CLIFFORD STREET PROVIDENCE, RI 02903 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**

ANNE S. DEGROOT 146 CLIFFORD STREET PROVIDENCE , RI 02903

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

Signed this 11 Day of June, 2018 at 1:53:53 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 ELIZA SQUIBB
Signature of Authorized Person

Form No. 631
Revised 09/07

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