



**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.** 000072536

**2. Name of Corporation** The Amyotrophic Lateral Sclerosis Association Chapter of Rhode Island

**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

**4. Corporate Address in Rhode Island**

No. and Street: 2374 POST ROAD, SUITE 103

City or Town: WARWICK

State: RI Zip: 02886 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**

ENLARGE THE BODY OF KNOWLEDGE RELATING TO ALS; EDUCATE AND INFORM THE GENERAL PUBLIC AS TO THE NATURE OF ALS; HELP THE PATIENT AND FAMILIES TO LIVE AS FULL AND NORMAL LIFE AS POSSIBLE

**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**Incorporator is no longer applicable; please delete**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	JOHN R PAGLIARINI	230 CUMBERLAND ROAD WARWICK, RI 02886- USA
DIRECTOR	SUSAN HENRIKSON	158 PURGATORY RD EXETER, RI 02822 USA
DIRECTOR	RICHARD HENTZ ESQ.	19 WINSOR DR BARRINGTON, RI 02806 USA
DIRECTOR	CRAIG S STENNING	6 WOODMANSEE CT RICHMOND, RI 02892 USA
DIRECTOR	JOSEPH J. DEANGELIS ESQ.	1177 GREENWICH AVE WARWICK, RI 02886 USA
TREASURER	JOHN FINNERTY	4 ROSENFELD AVE MILFORD, MA 01757 USA
DIRECTOR	EVELYN MARANO	200 LEPES RD PORTSMOUTH, RI 02871 US
VICE PRESIDENT	THOMAS MAY	2 LIGIAN CT JOHNSTON, RI 02919 US
VICE PRESIDENT	P. J. PROKOP	40 MOUNT AVE PROVIDENCE, RI 02906 US
DIRECTOR	JEFF RAMOS	163 DIAMOND HILL RD WARWICK, RI 02886 US
DIRECTOR	KRISTEN BIANCO	25 HOLDEN ST., UNIT 2633 PROVIDENCE, RI 02908 US
SECRETARY	MATTHEW CATE ESQ.	97 EASTON AVE WARWICK, RI 02888 US
DIRECTOR	GONZALO CUERVO	101 HILLCREST DR CRANSTON, RI 02921 US
DIRECTOR	BEATRICE LANZI	70 SCITUATE FARMS DR CRANSTON, RI 02921 US
DIRECTOR	JUDITH A. PRATT DDS	85 HAWTHORNE AVENUE WARWICK, RI 02886 USA
DIRECTOR	TERRANCE MARTIESIAN ESQ.	159 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN SOUCY	320 WESTMORELAND LANE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	R. ANDREW PELLETIER ESQ.	330 REEDSDALE ROAD MILTON, MA 02186 USA
DIRECTOR	CAROL FLANAGAN	87 GENTRY WAY NORTH SCITUATE, RI 02857 USA
DIRECTOR	MADELINE PARMENTER	98 PILGRIM AVENUE COVENTRY, RI 02816 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**

NANCY J. FEROLDI 2374 POST ROAD, SUITE 103 WARWICK , RI 02886

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

**Signed this 12 Day of June, 2018 at 11:25:11 AM 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 NANCY J. FEROLDI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations  
All Rights Reserved