



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.

1. Entity ID Number 57990		2. Exact name of the Corporation The Tomorrow Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support for children with cancer and pediatric oncology program at Hasbro Children's Hospital			
4. NAICS Code 813219					
6. Principal Office Address 593 Eddy 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 Robert Markarian			Vice-President Name Heather Zinni		
Street Address 15 Judge Torres Lane			Street Address 84 Winsor Avenue		
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
Secretary Name Karin Marzilli			Treasurer Name Ralph Palumbo		
Street Address 114 Moccasin Trail			Street Address 79 Gilbert Stewart Drive		
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02818
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 Robert Markarian			Director Name Heather Zinni		
Street Address 15 Judge Torres Lane			Street Address 84 Winsor Avenue		
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
Director Name Karin Marzilli			Director Name Ralph Palumbo		
Street Address 114 Moccasin Trail			Street Address 79 Gilbert Stewart Drive		
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02818
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Robert Markarian, President				Date 6-13-18	
Signature of Officer/Authorized Representative <i>Robert Markarian</i>				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 18 2018
 BY: 12861 DS