Carl.	

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		of the Corporation				
57990	The Tomorrow Fund					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Support for children with cancer and pediatric oncology program at Hasbro Children's Hospital					
4. NAICS Code	1					
813219	ł					
6. Principal Office Address		·	City	State	Zip	
593 Eddy Street			Providence	RI	02903	
7. List ALL officers (names and ad	dresses)	<del></del>		Check the box to indic	ate an attachment	
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	<b>,</b>		Treasurer Name Ralph Palumbo			
Street Address 114 Moccasin Trail			Street Address 79 Gilbert Stewart Drive			
City Cranston	State RI	Z <sub>IP</sub> 02921	City Warwick	State RI	Zip 02818	
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
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 <b>02818</b>	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	<sup>Zip</sup> 02921	City Warwick	State RI	Zip 02818	
9. Registered Agent in Rhode Islan	nd. This informatio	n is currently of reco	rd in the Department of State. Ch	nanges require filing Form 64	l1.	
Under penalty of perjury, I decla statements, and that all stateme				y accompanying schedu	ules and	
This report must be signed by either the Pre	sident, Vice-Presider	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized I	Representative, Receiver or Trus	stee.	
Name of Officer/Authorized Representative				Date		
Robert Markarian, President				6-13-18		
Signature of Officer/Authorized Re	presentative	SIGN DOC	CUMENT HERE	•		
MAIL TO:	AIL TO: FILED					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631 - Revised: 11/2017