



**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.** 001660667

**2. Name of Corporation** Friends of Lauren

**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

6

624120

**4. Corporate Address in Rhode Island**

No. and Street: 94 RED HAWK DRIVE

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 448 WELLS ROAD

City or Town: WETHERSFIELD

State: CT

Zip: 06109

Country: US

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

THIS ORGANIZATION IS BEING FORMED SO THAT WE CAN FUNDRAISE FOR LAUREN BLANCHETTE, WHO HAS 2 GENETIC CONDITIONS (NOONAN SYNDROME AND CHARCOT-MARIE-TOOTH). FUNDS WILL BE RAISED THROUGH VARIOUS AVENUES FOR FUTURE MEDICAL EXPENSES. IT IS BELIEVED THAT LAUREN IS THE FIRST PERSON EVER TO HAVE THESE 2 GENETIC COMBINED.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR     | JEANNE MARIE BLANCHETTE                               | 448 WELLS ROAD<br>WETHERSFIELD, CT 06109 USA                      |
| DIRECTOR     | MARYBETH DELVECCHIA                                   | 58 CRISPINO DR<br>PLANTSVILLE, CT 06479 USA                       |
| DIRECTOR     | KENNETH F. DISAIA                                     | 94 RED HAWK DR.<br>CRANSTON, RI 02921 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**

JEANNE BLANCHETTE 110 BOYLSTON DRIVE CRANSTON , RI 02921

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

**Signed this 22 Day of July, 2018 at 6:02:03 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 JEANNE BLANCHETTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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