



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 27 AM 9:54

1. Entity ID Number 001677740		2. Exact name of the Corporation Rhode Island Myositis Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To bring awareness of myositis, raise funds for research and inform public.	
4. NAICS Code 812990			
6. Principal Office Address 1570 Kingstown Rd.		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name Julie Medeiros		Vice-President Name Elizabeth Fortier	
Street Address 1570 Kingstown Rd		Street Address 25 Paige Dr.	
City Wakefield	State RI	City Coventry	State RI
Zip 02879		Zip 02816	
Secretary Name Karolyn Labrecque		Treasurer Name Suzanne Levasseur	
Street Address 7 Azalea Ct.		Street Address 59 Wildflower Circle	
City NK	State RI	City Warwick	State RI
Zip 02852		Zip 02889	
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 Julie Medeiros		Director Name Elizabeth Fortier	
Street Address 1570 Kingstown Rd		Street Address 25 Paige Dr.	
City Wakefield	State RI	City Coventry	State RI
Zip 02879		Zip 02816	
Director Name Karolyn Labrecque		Director Name Suzanne Levasseur	
Street Address 7 Azalea Ct		Street Address 59 Wildflower Circle	
City NK	State RI	City Warwick	State RI
Zip 02852		Zip 02889	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Karolyn Labrecque / Secretary			Date 7/25/18
Signature of Officer/Authorized Representative Karolyn Labrecque			SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 27 2018

BY **335765**
A.A.