



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

Annual Report for the year:
Non-Profit Corporation

2018

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

STAMP

2018 JUL 27 AM 9:54

- 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 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	Zip 02879	City Coventry	State RI	Zip 02816
Secretary Name Karolyn Labrecque			Treasurer Name Suzanne Levasseur		
Street Address 7 Azalea Ct.			Street Address 59 Wildflower Circle		
City NK	State RI	Zip 02852	City Warwick	State RI	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	Zip 02879	City Coventry	State RI	Zip 02816
Director Name Karolyn Labrecque			Director Name Suzanne Levasseur		
Street Address 7 Azalea Ct			Street Address 59 Wildflower Circle		
City NK	State RI	Zip 02852	City Warwick	State RI	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Karolyn Labrecque / Secretary					Date 7/25/18
Signature of Officer/Authorized Representative Karolyn Labrecque					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.