



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

Amended Annual Report

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 AUG - 9 AM 11:55

1. Entity ID Number 000024610		2. Exact name of the Corporation Muscular Dystrophy Association, Inc.			
3. State of Incorporation New York		5. Brief description of the character of business conducted in Rhode Island Research on muscular dystrophy issues to provide a life with more quality for individuals affected by this condition.			
4. NAICS Code 813212 - Voluntary Health Orga					
6. Principal Office Address 161 N. Clark Street #3550		City Chicago	State IL	Zip 60601	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynn O'Connor Vos			Vice-President Name Christopher J. Rosa		
Street Address 161 N. Clark Street #3550			Street Address 161 N. Clark Street #3550		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
Secretary Name Charles D. Schoor			Treasurer Name Victor Wright		
Street Address 161 N. Clark Street #3550			Street Address 161 N. Clark Street #3550		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
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 Benjamin Cumbo			Director Name Brad Henry		
Street Address 161 N. Clark Street #3550			Street Address 161 N. Clark Street #3550		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
Director Name Steve Farella			Director Name Louis Kunkel		
Street Address 161 N. Clark Street #3550			Street Address 161 N. Clark Street #3550		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
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 Jennifer Buzalski				Date 7/25/2018	
Signature of Officer/Authorized Representative SIGN DOCUMENT 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

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 09, 2018 11:55 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

