



**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

**Foreign Non-Profit
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: 2019

1. Corporate ID No. 001670493

2. Name of Corporation Epilepsy Foundation New England, Inc.

3. State of Incorporation

State: MA

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

813319

4. Corporate Address in Rhode Island

No. and Street: 650 SUFFOLK STREET #405

City or Town: LOWELL

State: RI

Zip: 01854

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 650 SUFFOLK STREET

#405

City or Town: LOWELL State: MA Zip: 01854 Country: UNI

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

RELIGIOUS CHARITABLE SCIENTIFIC TESTING FOR PUBLIC SAFETY LITERARY OR EDUCATIONAL PURPOSES OR TO FOSTER NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION BUT ONLY IF NO PART OF ITS ACTIVITIES INVOLVES THE PROVIDING FACILITIES OR EQUIPMENT OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN E LINN	650 SUFFOLK STREET #405 LOWELL, MA 01854 USA
TREASURER	ANDREW COLE DR	650 SUFFOLK STREET, #405 LOWELL, MA 01854 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**

WILLIAM MURPHY 167 RUGGLES AVENUE NEWPORT , RI 02840

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

Signed this 28 Day of June, 2019 at 5:33:23 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 MARTHA A KAISER
Signature of Authorized Person

Form No. 631
Revised 09/07

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