



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: 2019

1. Corporate ID No. 001669062

2. Name of Corporation Autism Cure Research Foundation

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

622110

4. Corporate Address in Rhode Island

No. and Street: 216 BROWN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

SAID CORPORATION IS A NONPROFIT PUBLIC BENEFIT ORGANIZATION THAT IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES AS SPECIFIED WITHIN THE MEANING OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE OF 1986

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES SPINK	30 SOMERSET STREET BELMONT, MA 02478 USA
TREASURER	SCOTT LOWELL	1210 KENSINGTON DRIVE GROSSE POINTE PARK, MI 04230 USA
VICE PRESIDENT	DEB DALLAGO	10 SPEIRS STREET WESTBROOK, ME 04092 USA
DIRECTOR	JAMES SPINK	30 SOMERSET STREET BELMONT, MA 02478 USA
DIRECTOR	DEB DALLAGO	10 SPEIRS STREET WESTBROOK, ME 04092 USA
DIRECTOR	SCOTT LOWELL	1210 KENSINGTON DRIVE GROSSE POINTE PARK, MI 04230 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**

MICHAEL A. LUCAS, CPA 643 METACOM AVENUE BRISTOL , RI 02809

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

Signed this 8 Day of July, 2019 at 11:52:32 AM 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 HEIDI HOWARD
Signature of Authorized Person

Form No. 631
Revised 09/07

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