



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

Annual Report for the year: 2018
 Non-Profit Corporation

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2019 JUL 16 AM 10:43

- 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 <u>001668665</u>		2. Exact name of the Corporation <u>Alzheimer's Hope Research Foundation</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>This nonprofit raises money for medical research and medical donations.</u>			
4. NAICS Code <u>622110</u> 622120					
6. Principal Office Address <u>216 Brown Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Donna Stewart</u>			Vice-President Name <u>Scott Lowell</u>		
Street Address <u>31729 Forest Lane</u>			Street Address <u>1210 Kensington Drive</u>		
City <u>Warren</u>	State <u>MI</u>	Zip <u>48093</u>	City <u>Grosse Pointe Park</u>	State <u>MI</u>	Zip <u>48230</u>
Secretary Name <u>Heidi Howard</u>			Treasurer Name <u>James Spink</u>		
Street Address <u>12 Birch Knolls</u>			Street Address <u>347 Eisenhower</u>		
City <u>Lape Elizabeth</u>	State <u>ME</u>	Zip <u>04107</u>	City <u>Louisville</u>	State <u>CO</u>	Zip <u>80027</u>
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 <u>Donna Stewart</u>			Director Name <u>Scott Lowell</u>		
Street Address <u>31729 Forest Lane</u>			Street Address <u>1210 Kensington Drive</u>		
City <u>Warren</u>	State <u>MI</u>	Zip <u>48093</u>	City <u>Grosse Pointe Park</u>	State <u>MI</u>	Zip <u>48230</u>
Director Name <u>James Spink</u>			Director Name		
Street Address <u>347 Eisenhower</u>			Street Address		
City <u>Louisville</u>	State <u>CO</u>	Zip <u>80027</u>	City	State	Zip
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 <u>Heidi Howard (HEIDI HOWARD) CEO</u>					Date <u>7/10/19</u>
Signature of Officer/Authorized Representative <u>Heidi Howard</u>					SIGN DOCUMENT HERE

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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 BY OPD L VNE