



RI SOS Filing Number: 201904769220 Date: 7/16/2019 10:44:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000967061		2. Exact name of the Corporation Prevent, Care, Cure!	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This nonprofit raises money for medical research and medical donations.	
4. NAICS Code 624230			
6. Principal Office Address 216 Brown Street		City Providence	State RI Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Donna Stewart		Vice-President Name Scott Lowell	
Street Address 31729 Forest Lane		Street Address 1210 Kensington Drive	
City Warren	State MI	City Grosse Pointe Park	State MI Zip 48230
Secretary Name Heidi Howard		Treasurer Name James Spink	
Street Address 12 Birch Knolls		Street Address 347 Eisenhower	
City Lape Elizabeth	State ME	City Louisville	State CO Zip 80027
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 Donna Stewart		Director Name Scott Lowell	
Street Address 31729 Forest Lane		Street Address 1210 Kensington Drive	
City Warren	State MI	City Grosse Pointe Park	State MI Zip 48230
Director Name James Spink		Director Name	
Street Address 347 Eisenhower		Street Address	
City Louisville	State CO	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Heidi Howard (HEIDI HOWARD) CEO			Date 7/10/19
Signature of Officer/Authorized Representative Heidi Howard			SIGN DOCUMENT HERE 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

10:44 JUL 16 2019
BY *[Signature]* SMS2J