



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2019 AUG 26 P 2:07

Annual Report for the year:

2019

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.

| | | | | | |
|--|-----------------|---|---|---|---------------------|
| 1. Entity ID Number 000116948 | | 2. Exact name of the Corporation MELDVACK CORPORATION | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island PROVIDING FINANCIAL ASSISTANCE THROUGH FUNDRAISING FOR CHILDREN WITH CANCER AND OTHER LIFE THREATENING DISEASES | | | |
| 4. NAICS Code 813219 - Other Grantmaking | | | | | |
| 6. Principal Office Address 103 BEVERLY ROAD | | | City RIVERSIDE | State RI | Zip 02915 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name KENNETH LEDO | | | Vice-President Name JAMES ROCHA | | |
| Street Address 153 ROCKY HILL ROAD | | | Street Address 2843 SOUTH COUNTY TRAIL | | |
| City REHOBOTH | State MA | Zip 02769 | City EAST GREENWICH | State RI | Zip 02818 |
| Secretary Name KELSEY HAYWARD | | | Treasurer Name SUSAN KEARNEY | | |
| Street Address 70 BROOKHILL DRIVE | | | Street Address 103 BEVERLY ROAD | | |
| City SEEKONK | State MA | Zip 02771 | City RIVERSIDE | State RI | Zip 02915 |
| 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 SHEILA DYER | | | Director Name PATRICK HAYWARD | | |
| Street Address 19 OLD BLISS ROAD | | | Street Address 70 BROOKHILL DRIVE | | |
| City REHOBOTH | State MA | Zip 02769 | City SEEKONK | State MA | Zip 02771 |
| Director Name MATTHEW SPOEHR | | | Director Name | | |
| Street Address 70 BROOKHILL DRIVE | | | Street Address | | |
| City SEEKONK | State MA | Zip 02771 | 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. | | | | | |
| <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 SUSAN KEARNEY | | | | Date 8/26/19 | |
| Signature of Officer/Authorized Representative <i>Susan Kearney</i> | | | | FILED SIGN DOCUMENT HERE AUG 26 2019 GIEXS 2:09 | |