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BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2018 Annual Report for the year:

: 2019 AUG 26 P 2: 07

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	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	PROVIDING FINANCIAL ASSISTANCE THROUGH FUNDRAISING FOR CHILDREN WITH				
4. NAICS Code	CANCER AND OTHER LIFE THREATENING DISEASES				
813219 - Other Grantmaking					
6. Principal Office Address			City	State	Zip
103 BEVERLY ROAD			RIVERSIDE	RI	02915
7. List ALL officers (names and add	dresses)	-		Check the box to indi	cate an attachment
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 a	ddresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment
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	Zıp
9. Registered Agent in Rhode Islan	nd. This informati	on is currently of reco	rd in the Department of State Chang	es require filing Form (541.
Under penalty of perjury, I decla statements, and that all stateme				companying sched	dules and
This report must be signed by either the President-Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, F					uslee
Name of Officer/Authorized Representative				Date	. 112
SUSAN KEARNEY	7			1 8/4	0/17
Signature of Officer/Authorized Re		SIGN DO	TILED John Statistick	·	
X/usia Kla	wuy_		AUG 2 G 2019	 	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov BY & BIEX8 2.08