



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

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2019 AUG 26 P 2:07

Annual Report for the year: 2018  
 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 <b>000116948</b>		2. Exact name of the Corporation <b>MELDVACK CORPORATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>PROVIDING FINANCIAL ASSISTANCE THROUGH FUNDRAISING FOR CHILDREN WITH CANCER AND OTHER LIFE THREATENING DISEASES</b>			
4. NAICS Code <b>813219 - Other Grantmaking</b>					
6. Principal Office Address <b>103 BEVERLY ROAD</b>			City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE officers. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KENNETH LEDO</b>			Vice-President Name <b>JAMES ROCHA</b>		
Street Address <b>153 ROCKY HILL ROAD</b>			Street Address <b>2843 SOUTH COUNTY TRAIL</b>		
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>KELSEY HAYWARD</b>			Treasurer Name <b>SUSAN KEARNEY</b>		
Street Address <b>70 BROOKHILL DRIVE</b>			Street Address <b>103 BEVERLY ROAD</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SHEILA DYER</b>			Director Name <b>PATRICK HAYWARD</b>		
Street Address <b>19 OLD BLISS ROAD</b>			Street Address <b>70 BROOKHILL DRIVE</b>		
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>MATTHEW SPOEHR</b>			Director Name		
Street Address <b>70 BROOKHILL DRIVE</b>			Street Address		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	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.					
<i>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>					
<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 <b>SUSAN KEARNEY</b>					Date <b>8/26/19</b>
Signature of Officer/Authorized Representative 					<b>FILED</b> SIGN DOCUMENT HERE <b>AUG 26 2019</b>

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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