



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001683035

2. Name of Corporation US PAIN FOUNDATION INC.

3. State of Incorporation

State: CT

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813410

4. Corporate Address in Rhode Island

No. and Street: ONE RICHMOND SQUARE, STE 125B

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 670 NEWFIELD ST, SUITE B

City or Town: MIDDLETOWN State: CT Zip: 06457 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EDUCATE, CONNECT AND EMPOWER THOSE LIVING WITH PAIN

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	NICOLE HEMMENWAY DYER	670 NEWFIELD ST, SUITE B MIDDLETOWN, CT 06457 USA
CFO	PAMELA LYNCH	670 NEWFIELD ST, SUITE B MIDDLETOWN, CT 06457 USA
DIRECTOR	ELLEN LENOX SMITH	670 NEWFIELD ST, SUITE B MIDDLETOWN, CT 06457 USA
DIRECTOR	WENDY FOSTER	670 NEWFIELD ST, SUITE B MIDDLETOWN , CT 06457 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of June, 2020 at 2:58:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAMELA LYNCH
Signature of Authorized Person

Form No. 631
Revised 09/07

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