



**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.** 000029647

**2. Name of Corporation** Cystic Fibrosis Foundation

**3. State of Incorporation**

State: DE

**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   
813212

**4. Corporate Address in Rhode Island**

No. and Street: 4550 MONTGOMERY AVENUE  
SUITE 1100N

City or Town: BETHESDA State: RI Zip: 20814 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 4550 MONTGOMERY AVE, STE 1100N BETHESDA, MD 20814

City or Town: CFO State: Zip: H. Country:

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

FOR THE BENEFIT AND IN AID OF SCIENTIFIC RESEARCH, STUDY TRAINING AND THE DISSEMINATION OF INFORMATION WITH RESPECT TO THE DISEASE KNOWN AS MUCOVISCIDOSIS (CYSTIC FIBROSIS) AND RELATED DISEASES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	MARC S. GINSKY	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
CFO	VERA H. TWIGG	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
EXECUTIVE VICE PRESIDENT	VERA H. TWIGG	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
ASSISTANT SECRETARY	VERA H. TWIGG	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
EXECUTIVE VICE PRESIDENT	MARC S. GINSKY	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
COO	MARC S. GINSKY	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
CEO, PRESIDENT, DIRECTOR	MICHAEL P. BOYLE MD	4550 MONTGOMERY AVE, STE 1100N BETHESDA, MD 20814 USA
DIRECTOR	CHAD T. MOORE	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	CATHERINE C. MCLLOUD	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	SUSAN L. HOOK	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	PAUL W. WHETSELL	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	KC BRYAN WHITE	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	STEVEN SHAK MD	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	CAROLE B. GRIEGO MD	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	JOHN S. WEINBERG	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	LOUIS A. DEFALCO	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	ROBERT H. NIEHAUS	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	THEODORE J. TORPHY PH.D.	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	RICHARD J. GRAY ESQ.	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	ERIC R. OLSON PH.D.	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	TERESA L. ELDER	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	DAVID A. MOUNT	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 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**

PRENTICE-HALL CORP SYSTEM 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 12 Day of June, 2020 at 4:55:17 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 VERA H. TWIGG  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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