



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

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

**Non-Profit Corporation  
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.** 000030258

**2. Name of Corporation** Rhode Island Hemophilia Foundation

**3. State of Incorporation**

State: RI

**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

6

813219

**4. Corporate Address in Rhode Island**

No. and Street: 160 PLAINFIELD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

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

No. and Street: 160 PLAINFIELD ST

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country:

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

ASSIST PEOPLE WITH HEMOPHILLA IN TERRITORAL AREAS IN EVERY WAY POSSIBLE

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.*

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER      | MICHAEL DEMARCO                                | 160 PLAINFIELD ST.<br>PROVIDENCE, RI 02909 USA             |
| SECRETARY      | LYDIA AMELIA GRANDE                            | 160 PLAINFIELD ST.<br>PROVIDENCE, RI 02909 USA             |
| VICE PRESIDENT | DAWN FRANCES OLIVERI                           | 160 PLAINFIELD ST.<br>PROVIDENCE, RI 02909 USA             |
| PRESIDENT      | EMILI VAZIRI                                   | 160 PLAINFIELD ST<br>PROVIDENCE, RI 02886 USA              |
| DIRECTOR       | EMILI VAZIRI                                   | 160 PLAINFIELD STREET<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR       | LYDIA AMELIA GRANDE                            | 160 PLAINFIELD STREET<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR       | MICHAEL DEMARCO                                | 160 PLAINFIELD STREET<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR       | LIDIA GRANDE                                   | 160 PLAINFIELD STREET<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR       | DAWN FRANCES OLIVERI                           | 160 PLAINFIELD STREET<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR       | LYDIA A GRANDE                                 | 160 PLAINFIELD ST<br>PROVIDENCE, CT 06033 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**

LIDIA A. GRANDE 160 PLAINFIELD STREET PROVIDENCE , RI 02909

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

**Signed this 28 Day of July, 2020 at 2:46:25 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 LYDIA A. GRANDE  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07