	State of Rhode Office of the Secret		Fee: \$20.00	
	Division Of Busine 148 W. River	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
HOPE	Providence RI 029 (401) 222-3			
Non-Profit Corporation				
Annual Report Filing Period: June 1 - June 3				
	6-94, each corporation failing or i ed by law (R.I.G.L. 7-6-91) is sub			
ANNUAL REPORT YEAR: 2	<u>020</u>			
1. Corporate ID No. <u>001695153</u>				
2. Name of Corporation Just Aphasia Stroke Knowledge Just A.S.K.				
3. State of Incorporation				
State: <u>RI</u>				
	engages. The box to the right of n. If the NAICS Code is known, e assification <u>click here.</u>			
4. Corporate Address in R	ode Island			
No. and Street: 268 M	IAIN STREET			
City or Town: <u>HOP</u>	State:	RI Zip: <u>02831</u>	Country: USA	
5. Foreign Corporation. En	er Principal Office Address			
No. and Street:				
City or Town: State: Zip: Country:				
6. Brief Description of the	Character of the Affairs Which	are Actually Conduct	ed in Rhode Island	
	ALS CAREGIVERS AND ST			
<u>SUPPORT AND SHARE RESOURCES SPECIFICALLY BUT NOT EXCLUSIVELY TO</u> APHASIA EXCLUSIVELY FOR EDUCATION AND CHARITABLE PURPOSES WITH IN THE				
	501C3 OF THE INTERNAL			
7. Names and Addresses o	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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	DENISE LOWELL	268 MAIN STREET
		HOPE, RI 02831 USA
DIRECTOR	KENNETH A. LOWELL	268 MAIN STREET
		HOPE , RI 02831 USA
DIRECTOR	PAMELA DEMELIM	80 CHURCH STREET
		PASCOAG, RI 02859 USA
DIRECTOR	LUCIA WATSON	102 FOSTER CENTER ROAD
		FOSTER, RI 02825 USA
DIRECTOR	CHRISTINE PARENTY	36 SHLTRA AVE
		COVENTRY, RI 02816 USA
DIRECTOR	DEANNA KELLY	193 COMSTOCK PKWY
		CRANSTON, RI 02921 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

DENISE LOWELL 268 MAIN STREET HOPE, RI 02831

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

Signed this 19 Day of October, 2020 at 1:39:46 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 DEMELIM

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved