



**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

**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. 000505290

2. Name of Corporation ANGELMAN SYNDROME FOUNDATION, INC.

3. State of Incorporation

State: FL

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

4. Principal Office Address

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3015 E NEW YORK ST

STE A2 285

City or Town: AURORA State: IL Zip: 60504 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO SUPPORT INDIVIDUALS AND THEIR FAMILIES WITH ANGEL SYNDROME WITH
MEDICAL, SCIENTIFIC, & EDUCATIONAL PROFESSIONALS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | KATHY ROKITA | 10849 FOREST LAKE CT INDIANAPOLIS, IN 46278 USA |
| TREASURER | MICHAEL CECERE | 31 GILFEATHER LN KINGSTON, MA 02364 USA |
| SECRETARY | TIM BOUSUM | 43 WASHINGTON ST IPSWICH, MA 01938 USA |
| CEO | AMANDA MOORE | 117700 SAND CREEK BLVD FISHERS, IN 46037 USA |
| CEO | AMANDA MOORE | 117700 SAND CREEK BLVD FISHERS, IN 46037 USA |
| VICE PRESIDENT | KYLE ROONEY | 2413 INDIAN RD W MINNETONKA, MN 55305 USA |
| DIRECTOR | ANNA BLANDING | 274 DAVIS ST HAMDEN, CT 06517 USA |
| DIRECTOR | STORMY CHAMBERLAIN | R1159 CB6403 400 FARMINGTON AVE FARMINGTON, CT 03060-6403 USA |
| DIRECTOR | JIM KUBICZA | 1191 LONG HILL RD CHESHIRE, CT 06410 USA |
| DIRECTOR | ERIC WRIGHT | 1226 SUMMIT AVE LOUISVILLE, KY 40204 USA |
| DIRECTOR | REBECCA BURDINE | 167 HARTLEY AVE PRINCETON, NJ 08540 USA |
| DIRECTOR | PETER ENGLAND | 2905 RIVERGROVE CT FORT WORTH, TX 76116 USA |
| DIRECTOR | JIM LAMB | 53 RIDGEWOOD DR STOW, MA 01775 USA |
| DIRECTOR | LESLEY MCCALLISTER | 1520 KNOB RD CHARLESTON, WV 25314 USA |
| DIRECTOR | SHANNON MOYER | 63 COLLEEN CIR DOWNINGTON, PA 19335 USA |
| DIRECTOR | SUSAN RAVELLETTE | 3436 CARLETON ST SAN DIEGO, CA 92106 USA |

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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 30 Day of March, 2021 at 9:48:09 AM 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 AMANDA MOORE
Signature of Authorized Person

Form No. 631
Revised 09/07

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