



**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. 000797071

2. Name of Corporation Chase the Cure, Inc

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

4. Principal Office Address

No. and Street: 3 KENNEDY BLVD
City or Town: LINCOLN State: RI Zip: 02865 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3 KENNEDY BLVD
City or Town: LINCOLN State: RI Zip: 02865 Country: UNI

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

RAISE MONEY TO FUND RESEARCH AND AWARENESS FOR RARE DISEASE NIEMANN PICK TYPE C. EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES THE MAKING OR DISTRIUBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHANNON REEDY	3 KENNEDY BLVD LINCOLN, RI 02865 USA
DIRECTOR	DONNA SPOONER	3 KENNEDY BLVD LINCOLN, RI 02865 USA
DIRECTOR	HAVILAH MARTINEZ	8058 CLOMAN HEIGHTS INVER GROVE HEIGHTS, MN 55076 USA
DIRECTOR	RAYMOND DIGIOVANNI	600 SEASONS BLVD APT 613 WEST DUNDEE, IL 60118 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**

SHANNON REEDY 121 THOMAS LEIGHTON BOULEVARD CUMBERLAND , RI 02864

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

Signed this 20 Day of April, 2021 at 3:14:43 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 SHANNON REEDY
Signature of Authorized Person

Form No. 631
Revised 09/07

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