



**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: 2021

1. Corporate ID No. 001678813

2. Name of Corporation The Rhode Island Stroke Coordinator's Network, 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: 754 ANNAQUATUCKET ROAD

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO RAISE HOLD AND DISTRIBUTE FUNDS FOR THE PURPOSE OF PROMOTING STROKE AWARENESS AND EDUCATION

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	KAREN SCHAEFER, MSN,RN, AGNS-BC	172 INMAN AVE. WARWICK, RI 02886 USA
TREASURER	MELISSA HARMON MSN,RN	212 DELAWARE AVE. SOMERSET , MA 02726 USA
VICE PRESIDENT	SUSAN MOORE RN, BSN	7 HOMESTEAD CIRCLE KINGSTON, RI 02881 USA
PRESIDENT	JO-ANN M SARAFIN MS FNP-BC	754 ANNAQUATUCKET ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JO-ANN M SARAFIN, MS FNP-BC	754 ANNAQUATUCKET ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SUSAN MOORE, RN BSN	7 HOMESTEAD CIRCLE KINGSTON, RI 02881 USA
DIRECTOR	KAREN SCHAEFER, MSN,RN, AGNS-BC	172 INMAN AVE WARWICK, RI 02886 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

MELISSA HARMON, RN, MSN RHODE ISLAND HOSPITAL-NEUROLOGY 593 EDDY STREET, APC 510
PROVIDENCE , RI 02903

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

Signed this 10 Day of June, 2021 at 11:29:07 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 MELISSA HARMON
Signature of Authorized Person

Form No. 631
Revised 09/07