



**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. 000159027

2. Name of Corporation Hope Funds for Cancer Research

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: 174 BELLEVUE AVENUE
SUITE 208

City or Town: NEWPORT State: RI Zip: 02840 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 ENCOURAGE INVESTIGATION OF INNOVATIVE CANCER TREATMENT,
PREVENTION AND DETECTION AND TO INCREASE KNOWLEDGE RELATING TO
CANCER CARE

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	LEWIS C. CANTLEY	413 EAST 36TH STREET, 13TH FLOOR, BOX 50 NEW YORK, NY 10021 USA
TREASURER	SAMUEL GILLSON	174 BELLEVUE AVENUE, SUITE 208 NEWPORT, RI 02840 USA
SECRETARY	STEVEN NAVARRO	101 PARK AVENUE NEW YORK, NY 10017 USA
DIRECTOR	BRYAN WILLIAMS	69 RIDGE ROAD KALLISTA 3791 VIC, AUS
DIRECTOR	DAVID GARRETT	535 MADISON AVENUE NEW YORK, NY 10022 USA
DIRECTOR	EUGENE KENNEDY	41 MOORES ROAD FRAZER, PA 19355 USA
DIRECTOR	JONATHAN LEWIS	1180 AVENUE OF THE AMERICAS NEW YORK, NY 10036 USA
DIRECTOR	DAVID STRAUS	1275 YORK AVENUE NEW YORK, NY 10065 USA
DIRECTOR	LEAH RUSH CANN	174 BELLEVUE AVENUE NEWPORT, RI 02840 USA
DIRECTOR	ADRIAN HOBDEN	10813 OLALLIA LANE BAINBRIDGE ISLAND, WA 98110 USA
DIRECTOR	GARY JOBSON	3 CHURCH CIRCLE ANNAPOLIS, MD 21401 USA
DIRECTOR	DAN GOLD	11975 EL CAMINO REAL SAN DIEGO, CA 92130 USA
DIRECTOR	CHARLES HOLMES	20 PARK AVE APARTMENT 14E NEW YORK, NY 10016 USA
DIRECTOR	TRACY WILSON	34 LEEUWARDEN ROAD DARIEN, CT 06820 USA
DIRECTOR	JOHN PARKS	300 MADISON AVENUE NEW YORK, NY 10017 USA
DIRECTOR	ANDREW ROBERTSON	1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019 USA
DIRECTOR	GREGORY VAN SCHAACK	180 E. 79TH STREET #17A NEW YORK, NY 10075 USA
DIRECTOR	MALCOM A.S. MOORE	200 EAST 69TH ST. NEW YORK, NY 10021 USA
DIRECTOR	SCOTT LEWIS	44 OLD WAGON ROAD WILTON, CT 06897 USA
DIRECTOR	PAUL MAXWELL	1110 WARD PKWY KANSAS CITY, MO 64112 USA
DIRECTOR	RENEE ANDERSON PHD	16 KING STREET CHARLESTON, SC 29401 USA
DIRECTOR	O. LEE TAWES III	100 WALL STREET NEW YORK, NY 10005 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**

MARK B. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT , RI 02840

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

Signed this 15 Day of June, 2021 at 11:39:04 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 SAMUEL GILLSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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