



**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:** 2021

**1. Corporate ID No.** 001670637

**2. Name of Corporation** THE ARTHRITIS FOUNDATION, INC.

**3. State of Incorporation**

State: GA

**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: 1355 PEACHTREE STREET NE, SUITE 600

City or Town: ATLANTA

State: GA Zip: 30309 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**

VOLUNTARU HEALTH AGENCY

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	TONY BIHL	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
SECRETARY	MATT MOONEY	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
PRESIDENT/CEO	ANN PALMER	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	DAVID PLEASANCE	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	LAURIE STEWART	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	ROWLAND CHANG	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	DENNIS EHLING	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	THOMAS FLEETWOOD	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	MARK FROMISON	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	RANDEEP KAHLON	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	FRANK LONGOBARDI	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	MARTIN LOTZ	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	ROBIN DORE	1355 PEACHTREE STREET NE,SUITE 600 ATLANTA, GA 30309 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 18 Day of June, 2021 at 3:42:37 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 ANN PALMER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

