



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 22 2021

BY 1008

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 568291		2. Exact name of the Corporation Tri-State Survivor			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Public Charity Doing Fundraising for Charitable Distribution			
4. NAICS Code 813212 - Voluntary Health Organ					
6. Principal Office Address c/o Melissa J. Doak, 70 Arbutus Trail		City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeremy M. Doak			Vice-President Name		
Street Address 21 Sully Lane			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name Melissa J. Doak			Treasurer Name Gordon N. Doak, Jr.		
Street Address 70 Arbutus Trail			Street Address 70 Arbutus Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeremy M. Doak			Director Name Melissa J. Doak		
Street Address 21 Sully Lane			Street Address 70 Arbutus Trail		
City Attleboro	State MA	Zip 02703	City Charlestown	State RI	Zip 02813
Director Name Gordon N. Doak, Jr.			Director Name		
Street Address 70 Arbutus Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <u>Melissa J. Doak, Secretary</u>				Date June 16, 2021	
Signature of Officer/Authorized Representative <u>Melissa J. Doak</u>					

MAIL TO:
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 Website: www.sos.ri.gov