



State of Rhode Island
Department of State - Business Services Division

Certificate of Authority
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 25 A 10:55

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement.

| | | |
|---|--|---|
| 1. The name of the corporation is: | | |
| Alzheimer's Disease Research Foundation | | |
| 1a. The name, if different, which it elects to use in Rhode Island is. | | |
| *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application. | | |
| 2 It is incorporated under the laws of: Pennsylvania | | |
| 3. The date of its incorporation is: Sept. 3, 2004 | | |
| And the period of its duration is: CHECK ONLY ONE BOX | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) PERPETUAL | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The address of its principal place of business is: 34 Washington St., Suite #310 Wellesley Hills, MA 02481 | | |
| 5. The name and address of the initial registered agent/office in Rhode Island is | | |
| Agent Name CT Corporation System | | |
| Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

raising funds: purchasing services and goods

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

| OFFICE | NAME | ADDRESS |
|----------------|--------------------------------|--|
| Director | Henry McCance | 34 Washington St, Suite 310, Wellesley, MA 02481 |
| Director | Jeffrey Morby, Jacqui Morby | 34 Washington St, Suite 310, Wellesley, MA 02481 |
| Director | Robert Greenhill, Sherry Sharp | 34 Washington St, Suite 310, Wellesley, MA 02481 |
| President | Tim Armour | 34 Washington St, Suite 310, Wellesley, MA 02481 |
| Vice President | | |
| Treasurer | Phyllis Rappaport | 34 Washington St, Suite 310, Wellesley, MA 02481 |
| Secretary | Laurel Lyle | 34 Washington St, Suite 310, Wellesley, MA 02481 |

Check the box to indicate an attachment

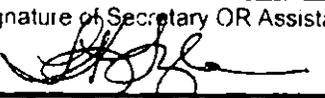
8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of President OR Vice President: Date
Timothy Armour 4.30.21

Signature of President OR Vice President


Type or Print Name of Secretary OR Assistant Secretary: Date
Laurel Lyle 4/27/21

Signature of Secretary OR Assistant Secretary


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/23/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink that reads "Veronica W. DeGres".

Acting Secretary of the Commonwealth

Certification Number: TSC210623100714-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 25, 2021 10:55 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

