



**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. 001716284

2. Name of Corporation HunterSeven Foundation

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: 306 THAYER STREET
UNIT 2694

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: R Zip: Country:

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

THE PURPOSE OF THE HUNTERSEVEN FOUNDATION IS TO PROVIDE AN UNMATCHED PASSION IN EDUCATION AND ADVOCACY IN THE VETERAN COMMUNITY. CREATING CLINICAL PRACTICE GUIDELINES AND UNMATCHED, WORLD RENOWNED EDUCATIONAL PROGRAMS THROUGH ACADEMIC STUDIES AND EVIDENCE-BASED MEDICAL RESEARCH CONDUCTED BY THE HUNTERSEVEN FOUNDATION MEDICAL TEAM WITH THE PURPOSE TO EMPOWER MILITARY VETERANS, THEIR FAMILIES AND

HEALTHCARE PROVIDERS ACROSS THE WORLD. ADDITIONALLY, ESTABLISHING MILITARY VETERANS TO OBTAIN NECESSARY HEALTHCARE THROUGH OUR OFFERED PROGRAMS.

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
DIRECTOR	CHELSEY POISSON	25 CEDAR ROAD N. ATTLEBORO, MA 02763-1107 USA
DIRECTOR	MEGAN THATFORD	17 AVALON LANE MARLBOROUGH, CT 06447 USA
DIRECTOR	KYLE SIMONI	25 CEDAR ROAD N. ATTLEBORO, MA 02763-1107 USA
DIRECTOR	MATTHEW FLYNN	6022 LINCOLNIA ROAD ALEXANDRIA, VA 22312 USA
DIRECTOR	JACK RATLIFF	11950 RUDDY RUN ODESSA, FL 33556 USA
DIRECTOR	KEITH DOW	66 CHURCH STREET ROCHESTER, NH 03839 USA
DIRECTOR	SHERI BOUCHER	49 BETH AVENUE WARREN, RI 02885 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**

CHELSEY POISSON 306 THAYER STREET, #2694 PROVIDENCE , RI 02906

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

Signed this 29 Day of June, 2021 at 3:38:38 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 CHELSEY POISSON
Signature of Authorized Person

Form No. 631
Revised 09/07