



**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.** 000072536

**2. Name of Corporation** The Amyotrophic Lateral Sclerosis Association Chapter of Rhode Island

**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: 2374 POST ROAD, SUITE 103

City or Town: WARWICK

State: RI Zip: 02886 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**

ENLARGE THE BODY OF KNOWLEDGE RELATING TO ALS; EDUCATE AND INFORM THE GENERAL PUBLIC AS TO THE NATURE OF ALS; HELP THE PATIENT AND FAMILIES TO LIVE AS FULL AND NORMAL LIFE AS POSSIBLE

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	STEPHANIE DE ABREU	2 CALISTO DRIVE REHOBOTH, MA 02769 USA
DIRECTOR	RICHARD HENTZ ESQ.	19 WINSOR DR BARRINGTON, RI 02806 USA
DIRECTOR	GONZALO CUERVO	101 HILLCREST DR CRANSTON, RI 02921 US
DIRECTOR	CRAIG S STENNING	6 WOODMANSEE CT RICHMOND, RI 02892 USA
TREASURER	JOHN FINNERTY	4 ROSENFELD AVE MILFORD, MA 01757 USA
VICE PRESIDENT	THOMAS MAY	2 LIGIAN CT JOHNSTON, RI 02919 US
VICE PRESIDENT	P. J. PROKOP	40 MOUNT AVE PROVIDENCE, RI 02906 US
PRESIDENT	JOHN GODIN	45 HARBOR VIEW TERRACE STONINGTON, CT 06378 USA
DIRECTOR	JOHN PAGLIARINI	230 CUMBERLAND RD WARWICK, RI 02886 USA
DIRECTOR	ELIZABETH PALKO	3 LAYFAYETTE RD BARRINGTON, RI 02806 USA
DIRECTOR	DEBORA SHAPIRO	42 HOPE ST UNIT N BRISTOL, RI 02809 USA
DIRECTOR	GRAHAM CHAPMAN	26 WATER ST PEMBROKE, MA 02359 USA
DIRECTOR	R. ANDREW PELLETIER ESQ.	330 REEDSDALE ROAD MILTON, MA 02186 USA
DIRECTOR	CAROL FLANAGAN	87 GENTRY WAY NORTH SCITUATE, RI 02857 USA
DIRECTOR	MATTHEW CATE	97 EASTON AVENUE WARWICK, RI 02888 USA
DIRECTOR	LAUREN FATSE	927 OLD SMITHFIELD RD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JUDITH A. PRATT DDS	85 HAWTHORNE AVENUE WARWICK, RI 02886 USA
DIRECTOR	TERRANCE MARTIESIAN ESQ.	159 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN SOUCY	320 WESTMORELAND LANE SAUNDERSTOWN, RI 02874 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**

BETH FLANAGAN 2374 POST ROAD, SUITE 103 WARWICK , RI 02886

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

**Signed this 7 Day of July, 2021 at 9:03:48 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 BETH FLANAGAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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