



State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number 146666		2. Exact name of the Corporation <i>(Alzheimer's CURE Foundation)</i> The Lascarides Prize Foundation for the Cure of Alzheimer's, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our mission is to dramatically accelerate the cure for Alzheimer's by introducing the concept of health and vibrant competition. At the same time, we disseminate information about Alzheimer's to the community and support education.	
4. NAICS Code 813212 - Voluntary Health Or <input type="checkbox"/>			
6. Principal Office Address P.O. Box 2543		City Providence	State RI
		Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marie Lascarides		Vice-President Name Dr. Tennis Boulikas	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	Zip 02906	City Providence
			State RI
			Zip 02906
Secretary Name Danielle Girdano		Treasurer Name Danielle Girdano	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	Zip 02906	City Providence
			State RI
			Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Dr. Lisa Hollis-Sawyer		Director Name Dr. Dennis Pantazatos	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	Zip 02906	City Providence
			State RI
			Zip 02906
Director Name Anna Burkman		Director Name Marie Lascarides	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	Zip 02906	City Providence
			State RI
			Zip 02906
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Marie Lascarides			Date 7/19/21
Signature of Officer/Authorized Representative 			

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

Additional Directors:

Dr. Tennis Boulikas
P.O. Box 2543
Providence, RI 02906

Danielle Girdaun
P. O. Box 2543
Providence, RI 02906

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