



**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

**Foreign Non-Profit
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. 001689108

2. Name of Corporation National LGBT Cancer Network, Inc.

3. State of Incorporation

State: DE

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: 11 SOUTH ANGELL STREET
#377

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

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

EDUCATING STATE HEALTH DEPARTMENT AND OTHER ORGANIZATIONS ABOUT
CANCER IN THE LGBT COMMUNITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	BARBARA WARREN	555 WEST 57TH ST. NEW YORK CITY, NY 10019 USA

SECRETARY	BILL GOEREN	275 7TH AVE NEW YORK CITY, NY 10001 USA
CO-CHAIR	DARREN ARTHUR	10 UNION SQUARE E NEW YORK CITY, NY 10003 USA
CO-CHAIR	MICHELLE YANCHE	305 7TH AVE NEW YORK CITY, NY 10003 USA
DIRECTOR	BRENDA THOMPSON	331 CANYON VISTA DRIVE LA, CA 90065 CA
DIRECTOR	KARL SURKAN	14E-316 MIT 77 MASSACHUSETTS AVE BOSTON, MA 02139 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**

DR NFN SCOUT 1005 MAIN STREET, UNIT 1209 PAWTUCKET , RI 02860

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

Signed this 22 Day of November, 2021 at 3:08:05 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 KRISTAL CHOY
Signature of Authorized Person

Form No. 631
Revised 09/07

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