RI SOS Filing Number: 202107520210 Date: 12/28/2021 1:23:00 PM

State of Rhode Island
Department of State - Business Services Division

RECEIVED STATE
R.I. DEPT OF STATE
BUS SVCS DIV
2021 DEC 28 PM 2:23

Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001668985	Short Bowel Syndrome Foundation for Children of New England, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: SHORT BOWEL SYNDROME FOUNDATION FOR CHILDREN OF NEW ENGLAND, INC. (SBSNE) IS A PUBLIC CHARITY EDUCATIONAL AND SUPPORT FOUNDATION PROVIDING HEALTHCARE PROVIDER AND FAMILY SUPPORT FOR CHILDREN AFFLICTED WITH GASTROINTESTINAL CONDITIONS AND DISEASES LEADING TO SHORT BOWEL SYNDROME (SBS) EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES INCLUDING FOR SUCH PURPOSES THE MAKING OF DISTRINUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501C3 THE INTERNAL REVENUE CODE
4. NAICS Code: 813212	

6. Principal Office Address	City	State	Zip
260 Lonsdale Ave	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Nicole L. White	16 Winton Street	Cranston	RI	02910

Vice-President Name	Street Address	City	State	Zip
Ann B. Alford MS	10 King Arthur Dr. #136	Niantic	CT	06357

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Ann B. Alford MS	10 King Arthur Dr. #136	Niantic	CT	06357

Director Name	Street Address	City	State	Zip
Edward G. Lawson, Jr., Esq.	260 Lonsdale Avenue	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Nicole L. White	16 Winton Street	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Brianna Pavlak	224 Robinwood Drive	Dayville	CT	06241

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	Date
Edward G. Lawson, Jr., Esq.	12/20/2021

Signature of Officer/Authorized Representative

FILED m

DEC 28 2021

BY VSW13

1:23

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

FORM 631 - Revised: 11/2021