



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JUL -8 P 12: 03

Annual Report for the year: 2022
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 000791307		2. Exact name of the Corporation AIDS Healthcare Foundation	
3. State of Incorporation CA		5. Brief description of the character of business conducted in Rhode Island Providing HIV/AIDS Pharmaceutical Products	
4. NAICS Code 813212 - Voluntary Health Orga			
6. Principal Office Address 6255 W. Sunset Blvd., 21st Floor		City Los Angeles	State CA
		Zip 90028	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Weinstein		Vice-President Name Peter Reis	
Street Address 6255 W. Sunset Blvd., 21st Floor		Street Address 6255 W. Sunset Blvd., 21st Floor	
City Los Angeles	State CA	Zip 90028	City Los Angeles
			State CA
			Zip 90028
Secretary Name Condessa Curley		Treasurer Name Steve L. Carlton	
Street Address 6255 W. Sunset Blvd., 21st Floor		Street Address 6255 W. Sunset Blvd., 21st Floor	
City Los Angeles	State CA	Zip 90028	City Los Angeles
			State CA
			Zip 90028
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 William Arroyo		Director Name Curley M. Bonds, II	
Street Address 6255 W. Sunset Blvd., 21st Floor		Street Address 6255 W. Sunset Blvd., 21st Floor	
City Los Angeles	State CA	Zip 90028	City Los Angeles
			State CA
			Zip 90028
Director Name Condessa Curley		Director Name Cynthia Davis	
Street Address 6255 W. Sunset Blvd., 21st Floor		Street Address 6255 W. Sunset Blvd., 21st Floor	
City Los Angeles	State CA	Zip 90028	City Los Angeles
			State CA
			Zip 90028
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Michael Weinstein			Date 06/28/2022
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

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FORM 631 - Revised: 11/2021

Handwritten: 26521
AA

AIDS HEALTHCARE FOUNDATION

List of Additional Directors:

- | | |
|--------------------------------|---|
| Steve L. Carlton | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Agapito Diaz | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Scott Galvin | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Diana Hoorzuk | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Gabriel Maldonado | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Albert Ruiz | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Angelina C. Wapakhabulo | 6225 W. Sunset Blvd., 21st
Floor, Los Angeles, CA
90028 |
| Michael Weinstein | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Anita Ann Williams | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |
| Rodney L. Wright | 6225 W. Sunset Blvd., 21st Floor,
Los Angeles, CA 90028 |