



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED

JAN 30 2023

BY

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1. Entity ID Number 001698662		2. Exact name of the Corporation JOHNSTON MEMORIAL CANCER EVENTS, INC.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide for the ongoing promotion and fund raising for the benefit of and donations to charitable organizations, hospitals and the like who provide services to children who have been stricken with life threatening diseases	
4. NAICS Code 813319 - Other Social Advoc			
6. Principal Office Address 75 Orchard Meadows Drive		City Smithfield	State RI Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Phyllis Gelsomino		Vice-President Name Ruth Furia	
Street Address 35 Belvedere Street		Street Address 1786 Nooseneck Hill Road #102	
City Johnston	State RI	Zip 02919	City Coventry
Secretary Name Judi Graham		Treasurer Name Linda LaFazia	
Street Address 97 Pineledge Road		Street Address 75 Orchard Meadows Drive	
City Glocester	State RI	Zip 02928	City Smithfield
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Raymond Johnson, Jr.		Director Name Joseph Grasso	
Street Address 9 Newburg Street		Street Address 28 Atwells Avenue	
City Johnston	State RI	Zip 02919	City Johnston
Director Name Salvatore Gelsomino		Director Name	
Street Address 107 Rocky Hill Road		Street Address	
City Scituate	State RI	Zip 02857	City
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 Linda LaFazia			Date 1/27/2023
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov