	State of Rhode Office of the Secret		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S	treet	
	Providence RI 029		
/630	(401) 222-30	940	
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1		
In accordance with R.I.G.L. 7-0 annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR: 202	<u>13</u>		
1. Corporate ID No. <u>0001</u>	<u>16948</u>		
2. Name of Corporation $\underline{\mathrm{ME}}$	LDVACK CORPORATION	1	
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the NAICS Code is	the dropdown will known, enter it into the
NAICS Code			
<u>813219</u>			
4. Principal Office Address			
No. and Street: 4 COL	WELL DR		
	BERLAND State: RI	Zip: <u>02864</u>	Country: <u>USA</u>
5. Brief Description of the Cr	aracter of the Affairs Cond	ucted in Rhode Isla	and
PROVIDING FINANCIAL	ASSISTANCE THROUGH	I FUNDRAISING	FOR CHILDREN
WITH CANCER AND OTH			
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not		ne number of DIRE	CTORS of a Rhode
Title	Individual Name	A	ddress
1			

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MATTHEW SPOEHR	133 HADDE AVE CUMBERLAND, RI 02864 USA	
TREASURER	PATRICK HAYWARD	6 NATE WHIPPLE HWY, UNIT 102 CUMBERLAND, RI 02864 USA	
SECRETARY	KELSEY HAYWARD	78 BROOK HILL DR SEEKONK, MA 02771 USA	
VICE PRESIDENT	JAMES ROCHE	21 VALLEY BROOK DR EAST GREENWICH, RI 02818 USA	
DIRECTOR	SHEILA DYER	19 OLD BLISS RD REHOBOTH, MA 02769 USA	
DIRECTOR	FRANCESCO CONACI	49 PRINCE ST WARWICK, RI 02888 USA	
DIRECTOR	DEBORAH ERICKSON	178 ALLEN AVE RIVERSIDE, RI 02915 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

SUSAN KEARNEY-KAPLAN 103 BEVERLY ROAD EAST PROVIDENCE , RI 02915

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

**Signed this 2 Day of February, 2023 at 7:55:37 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 <u>PATRICK HAYWARD</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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