



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 001681830

2. Name of Corporation American Thrombosis and Hemostasis Network, Inc.

3. State of Incorporation

State: GA

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

541990

4. Principal Office Address

No. and Street: 67 RED ROCK CIRCLE

City or Town: ROCHESTER

State: NY Zip: 14626 Country: USA

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

DATA COMPILATION & DATABASE MANAGEMENT RELATED TO MEDICAL RESEARCH & RELATED COMUNITY OUTREACH

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
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TREASURER	TAMMY VOGEL	67 RED ROCK CIRCLE ROCHESTER, NY 14626 USA
SECRETARY	SARAH O'BRIEN	67 RED ROCK CIRCLE ROCHESTER, NY 14626 USA
OFFICER/CHAIR/DIRECTOR	CHRISTOPHER WALSH	67 RED ROCK CIRCLE ROCHESTER, NY 14626 US
DIRECTOR OF FINANCE & ADMINISTRATION	LINDA MAGLIOCCO	67 REDROCK CIRCLE ROCHESTER, NY 14626 USA
PRESIDENT/ CEO	CRYSTAL WATSON	67 RED ROCK CIRCLE ROCHESTER, NY 14626 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**

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 10 Day of April, 2023 at 4:30:56 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 LINDA MAGLIOCCO
Signature of Authorized Person

Form No. 631
Revised 09/07

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