



**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

**Non-Profit Corporation
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. 001678813

2. Name of Corporation The Rhode Island Stroke Coordinator's Network, Inc.

3. State of Incorporation

State: RI

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

813212

4. Principal Office Address

No. and Street: 172 INMAN AVE

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

TO RAISE HOLD AND DISTRIBUTE FUNDS FOR THE PURPOSE OF PROMOTING
STROKE AWARENESS AND EDUCATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREN SCHAEFER, MSN,RN, AGNS-BC	172 INMAN AVE. WARWICK, RI 02886 USA
TREASURER	MELISSA HARMON MSN,RN	212 DELAWARE AVE. SOMERSET , MA 02726 USA
SECRETARY	STEPHANIE SOUZA, BSN, RN	19 RYE STREET SEEKONK, MA 02771 USA
DIRECTOR	KAREN SCHAEFER, MSN,RN, AGNS-BC	172 INMAN AVE WARWICK, RI 02886 USA
DIRECTOR	MELISSA M HARMON, MSN, RN	212 DELAWARE AVENUE SOMERSET, MA 02726 USA
DIRECTOR	STEPHANIE SOUZA, BSN, RN	19 RYE STREET SEEKONK, MA 02771 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

MELISSA HARMON, RN, MSN RHODE ISLAND HOSPITAL-NEUROLOGY 593 EDDY STREET,
APC 510 PROVIDENCE , RI 02903

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

Signed this 11 Day of April, 2023 at 1:48:07 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 MELISSA HARMON
Signature of Authorized Person

Form No. 631
Revised 09/07

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