



**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.** 001338304

**2. Name of Corporation** National Marrow Donor Program

**3. State of Incorporation**

State: CO

**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

621999

**4. Principal Office Address**

No. and Street: 500 NORTH 5TH STREET

City or Town: MINNEAPOLIS

State: MN

Zip: 55401-1206

Country: US

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

TO PROVIDE SERIVCES AND FUNDRAISING NECESSARY TO PROMOTE THE  
MEDICAL PROCEDURE OF TRANSPLANTING BONE MARROW AND RELATED  
ACTIVITIES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CEO	AMY RONNEBERG	500 NORTH 5TH STREET MINNEAPOLIS, MN 55401 US
DIRECTOR, CHAIR	ROBERT J. SOIFFER M.D.	450 BROOKLINE AVENUE BOSTON, MA 02215 US
VICE CHAIR	JUDITH GASSON	FACTOR 8-684, MAIL STOP 178121 LOS ANGELES, CA 90095 US
DIRECTOR AND OFFICER	DAVID L PORTER, MD	TWO WEST PAVILION, 3400 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104 US
DIRECTOR	STEPHANIE LEE, M.D.	1100 FAIRVIEW AVENUE, D5-290 SEATTLE, WA 98109 US
DIRECTOR	LYNN ABRAHAMSEN	1583 FULHAM STREET ST. PAUL, MN 55108 US
DIRECTOR	BRIAN J. REITHEL PH.D	15 COUNTY ROAD 2016 OXFORD, MS 38655 US
DIRECTOR	MICHAEL E. LANG	4732 YORK AVE S MINNEAPOLIS, MN 55410 US
DIRECTOR	VICKI RASMUSEN	1301 WEST ROYAL OAKS DRIVE SHOREVIEW, TX 55126 US
DIRECTOR	KRISHNA KOMANDURI M.D.	1501 NW 12TH AVENUE ROOM 916 MIAMI, FL 33136 US
DIRECTOR	MICHAEL E. LANG	2730 WEST LAKE STREET, UNIT 407 MINNEAPOLIS, MN 55416 US
DIRECTOR	LAURIE STRONGIN	2440 WISCONSIN AVENUE NW, 2ND FLOOR WASHINGTON, DC 20007 US
DIRECTOR	GARHENG KONG	901 MOUNTAIN DRIVE WEST LAKE HILLS, TX 78746 US
DIRECTOR	ABIGAIL WEST	12 MAPLE AVENUE APT 1 MONTCLAIR, NJ 07042 US
DIRECTOR	URI HERZBERG PH.D.	148 MAPLE STREET BRIDGEWATER, NJ 08807 US
DIRECTOR	RAVYN MILLER	1369 SPRUCE PLACE, #2910 MINNEAPOLIS, MN 55403 US
DIRECTOR	ANNE MCGEORGE	510 PONCE DE LEON BLVD BELLEAIR, FL 33756 USA
DIRECTOR	ELIZABETH SHPALL	1515 HOLCOMBE BLVD., UNIT 423 HOUSTON, TX 77030 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 13 Day of April, 2023 at 5:29:29 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 AMY RONNEBERG  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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