



**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. 000146609

2. Name of Corporation American Cancer Society, Inc.

3. State of Incorporation

State: NY

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: 3380 CHASTAIN MEADOWS PARKWAY

NW, SUITE 200

City or Town: KENNESAW

State: GA Zip: 30144 Country: USA

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

CURRENTLY NEGOTIATING A CONTRACT WITH HEALTH AGENCIES IN RHODE ISLAND TO OFFER ITS TELEPHONE TOBACCO CESSATION PROGRAM CALLED QUITLINE, WHICH TARGET AREAS OF THE STATE WITH HIGH TOBACCO UTILIZATION

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
PRESIDENT	DR. KAREN E. KNUDSEN	3380 CHASTAIN MEADOWS PKWY NW SUITE 200 KENNESAW, GA 30144 USA
SECRETARY/TREASURER	ESQ KATIE A. ECCLES	3380 CHASTAIN MEADOWS PARKWAY NW, SUITE 200 KENNESAW, GA 30144 USA
GENERAL COUNSEL & ASSISTANT SECRETARY	TIMOTHY B. PHILLIPS	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
CHIEF FINANCIAL & STRATEGY OFFICER AND ASSISTANT TREASURER	KAEL REICIN	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MBA OTHMAN LARAKI, MS	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	CONNIE LINDSEY	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MD ASIF DHAR	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MD EDISON T. LIU	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MARGARET MCCAFFERY	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	TERRI MCCLEMENTS	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MPH OYEBODE TAIWO, MD	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MD ROBERT WINN	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	JENNIFER R CROZIER	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	PHD MICHELLE M. LE BEAU	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	BRUCE N BARRON	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MD WAYNE A. FREDERICK	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MSN KATHLEEN GALLAGHER	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	FA CARM MSCE GUERRA, MD	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MBA, JOSE C. BUENAGA	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	KAREN ETZKORN	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	MD, MICHAEL PELLINI	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 USA
DIRECTOR	KENNETH R. STOLL	3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 KENNESAW, GA 30144 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 14 Day of April, 2023 at 12:49:36 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 BRAD SLENKER
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved