



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 APR 26 P 4:02

1. Entity ID Number <u>146666</u>		2. Exact name of the Corporation <u>The Lasarides Prize Foundation for the Cure of Alzheimer's In.</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Our mission is to dramatically accelerate the cure for Alzheimer's by introducing the concept of healthy and vibrant competition. We also disseminate information about Alzheimer's to the Community and support Education.</u>	
4. NAICS Code <u>Voluntary Health Organization</u> <u>813212</u>			
6. Principal Office Address <u>P.O. Box 2543</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Marie Lascaresides</u>		Vice-President Name <u>Dr. Teni Boulitas</u>	
Street Address <u>P.O. Box 2543</u>		Street Address <u>P.O. Box 2543</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Secretary Name <u>Danielle Girdano</u>		Treasurer Name <u>Danielle Girdano</u>	
Street Address <u>P.O. Box 2543</u>		Street Address <u>P.O. Box 2543</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Marie Lascaresides</u>		Director Name <u>Dr. Teni Boulitas</u>	
Street Address <u>P.O. Box 2543</u>		Street Address <u>P.O. Box 2543</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Director Name <u>Dr. Lisa Hollis-Sauyer</u>		Director Name <u>Danielle Girdano</u>	
Street Address <u>P.O. Box 2543</u>		Street Address <u>P.O. Box 2543</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Marie Lascaresides</u>			Date <u>4/25/23</u>
Signature of Officer/Authorized Representative 			

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 26 2023

BY ML 1065

FORM 631 - Revised: 2/2023