RI SOS Filing Number: 202334208390 Date: 4/26/2023 4:00:00 PM

(1)	State of R Depart
Annual	Panort

Rhode Island

ment of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2023

2023 APR 26 P 4: 02

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

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

1. Entity ID Number	2. Exact name of	the Corporation			
146666	The Lason	rides Prize	Foundation for the	Cure of Al	zheimers la
3. State of incorporation	5. Brief description	on of the character	of business conducted in Rhode Is	land	e ciure for
Rhode Island	Our mis	ssion iste	of business conducted in Rhode Is dramatically according the Golcep	t of healthi	y and
4. NAICS Code Voluntary	vibrant	ompetition	n, we also disseminate and supering and supe	rate inform	ration about
813212 Health)	Alzheimer	-15 fo the Co	sommunity and Sup	pport Eau	carion,
6. Principal Office Address		Providence	State	Zip	
P.O. Box 2543		Providence	RI	02906	
7. List ALL officers (names and add	dresses)		Check the box to indicate an attachment		
President Name Marie Lascarides		Vice-President Name Dr. Teni Boulitas			
Street Address P. O. Box 2543		Street Address Box 2543			
City Providence	State	Zip 02906	on Providence	State R	Zip 0 2906
Secretary Name	1	1 5 5 1 7 5	Treasurer Name		<u> </u>
Danielle Girdano			Danielle Girdano		
Street Address P. O. Box 2543		Street Address P.O. Box 2543			
City	State ₂	2ip 02906	City Providence	State	2002906
Providence	<u> </u>	0 2706	110010CTCC		1 0
8. List ALL directors (names and a	ddresses). Ri Corp		t at least THREE directors.	eck the box to indicate	
Director Name		porations MUST lis	t at least THREE directors.	,	e an attachment
Director Name	ascarid	porations MUST lis	t at least THREE directors.	oulitas	e an attachment
Director Name Street Address P. O. Box City Provide 2009	ascarid	C S	Director Name Street Address Chy City	oulitas	e an attachment
Director Name Street Address P. O. Box City Provide 2009	2543 State	Zip 0 2 906	Director Name Teni B Strapt Address Box 254 City Providence	oulitas 3 Istate RI	zip 8 2 9 66
Director Name Street Address P. O. Box City Providence Director Name Director Name Street Address	2543	Zip 0 2 906	Director Name Teni B Strapt Address Box 254 City Providence	oulitas 3 Islande p Girdan	zip 8 2 9 66
Director Name Street Address P. D. BOX City Providence Director Name Dr. Lisa H Street Address P. D. Box	2543 State RI Ollis-Sa 2543	zip 02906	Director Name Street Address P. O. Box Street Address P. O. Box	oulitas 3 Islande p Girdan	Zip 8 2 9 66
Director Name Street Address P. O. BOX City Providence Director Name Dr. Lisa H Street Address P. O. Box City Providence City Providence	State State State Ollis-Sa 2543 State	Zip 02906	Chector Name Street Address On Olirector Name Chyprovidence Director Name On Olirector Name On Olirector Name	oulitas 3 Istate P Girdan 2543 Istate R1	zip 8 2 9 66
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

FORM 631 - Revised: 2/2023