



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.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 APR 26 P 4:02

1. Entity ID Number <b>146666</b>		2. Exact name of the Corporation <b>The Lasarides Prize Foundation for the Cure of Alzheimer's In.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>			
4. NAICS Code <b>Voluntary Health Organization 813212</b>					
6. Principal Office Address <b>P.O. Box 2543</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Marie Lascarides</b>			Vice-President Name <b>Dr. Teni Boulitkas</b>		
Street Address <b>P.O. Box 2543</b>			Street Address <b>P.O. Box 2543</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Danielle Girdano</b>			Treasurer Name <b>Danielle Girdano</b>		
Street Address <b>P.O. Box 2543</b>			Street Address <b>P.O. Box 2543</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
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 <b>Marie Lascarides</b>			Director Name <b>Dr. Teni Boulitkas</b>		
Street Address <b>P.O. Box 2543</b>			Street Address <b>P.O. Box 2543</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Dr. Lisa Hollis-Sawyer</b>			Director Name <b>Danielle Girdano</b>		
Street Address <b>P.O. Box 2543</b>			Street Address <b>P.O. Box 2543</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Marie Lascarides</b>					Date <b>4/25/23</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

APR 26 2023  
BY ML 1065 FORM 631 - Revised: 2/2023