



**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

**Non-Profit Corporation
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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 001481141

2. Name of Corporation RHODE ISLAND OVARIAN CANCER ALLIANCE INC

3. State of Incorporation

State: RI

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: 2 BOOTH POND WAY
APT 301

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

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

TO OBTAIN DONATIONS THROUGH FUNDRAISING FOR THE PURPOSES OF PROVIDING SERVICES AND RESEARCH FOR VICTIMS AND THEIR FAMILIES IMPACTED BY OVARIAN CANCER AND OTHER RELATED ILLNESSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	FRANK O'DONNELL	1 RIVERVIEW DRIVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	KATHY MORRIS	80 CHAPEL ST LINCOLN, RI 02865 USA
DIRECTOR	ROBERT RICCI	2 BOOTH POND WAY APT 301 NORTH SMITHFIELD, RI 02896 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

DONNA RICCI 2 BOOTH POND WAY, APT 301 NORTH SMITHFIELD , RI 02896

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

Signed this 28 Day of April, 2023 at 10:02:59 AM 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 JORDAN K. HUNTOON, CPA
Signature of Authorized Person

Form No. 631
Revised 09/07

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