



**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 - ENTER THE CURRENT FILING YEAR **2023:** 2023

1. Corporate ID No. 000029647

2. Name of Corporation Cystic Fibrosis Foundation

3. State of Incorporation

State: DE

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: 4550 MONTGOMERY AVENUE
SUITE 1100N

City or Town: BETHESDA

State: MD Zip: 20814 Country: USA

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

ORIGINAL DOCUMENTS HAVE BEEN MISPLACED. FOR THE BENEFIT AND IN AID OF SCIENTIFIC RESEARCH, STUDY TRAINING AND THE DISSEMINATION OF INFORMATION WITH RESPECT TO THE DISEASE KNOWN AS MUCOVISCIDOSIS (CYSTIC FIBROSIS) AND RELATED DISEASES.

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
CFO	IRENA BARISIC	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
CEO, PRESIDENT, DIRECTOR	MICHAEL P. BOYLE MD	4550 MONTGOMERY AVE, STE 1100N BETHESDA, MD 20814 USA
TREASURER	DAVID A MOUNT	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	DOMINIC J CARUSO	4550 MONTGOMERY AVE SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	PAUL A MOTENKO	4550 MONTGOMERY AVENUE SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	JESSICA H BOYD	4550 MONTGOMERY AVE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	ROBERT H. NIEHAUS	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	RICHARD J. GRAY ESQ.	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	DAVID A. MOUNT	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	PAUL W. WHETSELL	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	CAROLE B. GRIEGO MD	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	ERIC R. OLSON PH.D.	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	LOUIS A. DEFALCO	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	KC BRYAN WHITE	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	TERESA L. ELDER	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	CHAD T. MOORE	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	JOHN S. WEINBERG	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 USA
DIRECTOR	STEVEN SHAK MD	4550 MONTGOMERY AVENUE, SUITE 1100N BETHESDA, MD 20814 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

PRENTICE-HALL CORP SYSTEM 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 1 Day of May, 2023 at 6:22:40 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 IRENA BARISIC
Signature of Authorized Person

Form No. 631
Revised 09/07

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