



**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.** 001736612

**2. Name of Corporation** COMERICA CARES FUND

**3. State of Incorporation**

State: TX

**NAICS CODE**

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

813200

**4. Principal Office Address**

No. and Street: 411 WEST LAFAYETTE BOULEVARD  
MC 3395

City or Town: DETROIT

State: MI Zip: 48226 Country: USA

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

PROVIDING FINANCIAL RELIEF/GRANTS TO EMPLOYEES OF COMERICA BANK IN  
NEED DUE  
TO A DISASTER OR QUALIFYING PERSONAL FINANCIAL HARDSHIP

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA MCCANN	411 WEST LAFAYETTE BOULEVARD, MC 3395 DETROIT, MI 48226 USA
TREASURER	JAMILLE BOX	11311 GODDARD CT MCKINNEY, TX 75070 USA
SECRETARY	ASHLEY FEDERER	11311 GODDARD CT DALLAS, TX 75218 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**

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

**Signed this 2 Day of June, 2023 at 8:22:42 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 PATRICIA MCCANN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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