



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.

FILED

BY _____

1. Entity ID Number 001749740		2. Exact name of the Corporation Heart Across America, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Stroke awareness and prevention initiatives including speaking engagements and community event participation.	
4. NAICS Code 624190			
6. Principal Office Address 275 Harrison Ave		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sean Martin Maloney		Vice-President Name Margaret Chai Maloney	
Street Address 275 Harrison Ave		Street Address 275 Harrison Ave	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Margaret Chai Maloney		Treasurer Name Margaret Chai Maloney	
Street Address 275 Harrison Ave		Street Address 275 Harrison Ave	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sean Martin Maloney		Director Name Margaret Chai Maloney	
Street Address 275 Harrison Ave		Street Address 275 Harrison Ave	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Francis J Casey, Jr		Director Name	
Street Address 16310 E. Course Drive		Street Address	
City Tampa	State FL	City	State
Zip 33624		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
<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 Francis J Casey			Date 04/28/23
Signature of Officer/Authorized Representative 			FILED
			JUN 13 2023 1:14

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

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