



**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 YEAR 2024:** 2024

**1. Corporate ID No.** 001667034

**2. Name of Corporation** SUSAN'S HOPE FOR TMJD

**3. State of Incorporation**

State: RI

**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

624190

**4. Principal Office Address**

No. and Street: 7 BLACK ALDER TRAIL

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

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

TO HELP THOSE IN RI AREA THAT SUFFER FROM TEMPORAL MANDIBLE JOINT DISORDER FIND THE NECESSARY SURGEONS PHYSICAL THERAPISTS AND DENTISTS KNOW HOW TO WORK WITH THEM TO HOPE THAT WITH HELP OF THE STATE OUR LAWS WILL CHANGE AND NOT CONSIDER TMJD A COSMETIC ISSUE BUT REAHTER A REAL MEDICAL PROBLEM THAT AFFECTS MANY ASPECTS OF A PERSONS LIFE EVERYTHING THAT NORMAL PEOPLE TAKE FOR GRANTED TO BE ABLE TO RAISE FUNDS FOR THOSE THAT NEED SURGERY THAT NOT AVILABLE HERE AND BE ABLE TO GIVE GRANTS TO THEM

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CFO	SUSAN JUTRAS FONTES	7 BLACK ALDER TRAIL SAUNDERSTOWN , RI 02874 USA
DIRECTOR	LOUIS M JUTRAS	7 BLACK ALDER TRAIL SAUNDERSTOWN, RI 02874 USA
DIRECTOR	ROBERT MILLER	6 BLACK ALDER TRAIL SAUNDERSTOWN, RI 02874 USA
DIRECTOR	DAVID SCHIAPO	8 SEABREEZE LANE WARWICK, RI 02886 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**

SUSAN A JUTRAS 7 BLACK ALDER TRAIL SAUNDERSTOWN , RI 02874

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

*Signed this 5 Day of February, 2024 at 1:50:11 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 SUSAN A JUTRAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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