



State of Rhode Island
Department of State - Business Services Division

FEB 14 2024

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Annual Report for the year: 2024

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.

1. Entity ID Number <i>11900002</i>		2. Exact name of the Corporation Johnston Memorial Cancer Events, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide for the ongoing promotion and fund raising for the benefit or and donations to charitable organizations, hospitals and the like who provide services to children who have been stricken with life threatening	
4. NAICS Code 813319			
6. Principal Office Address 75 Orchard Meadows Drive		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Phyllis Gelsomino		Vice-President Name Ruth Furia	
Street Address 35 Belvedere Street		Street Address 1786 Nooseneck Hill Road #102	
City Johnston	State RI	City Coventry	State RI
Zip 02919		Zip 02816	
Secretary Name Judi Graham		Treasurer Name Linda LaFazia	
Street Address 97 Pineledge Road		Street Address 75 Orchard Meadows Drive	
City Glocester	State RI	City Smithfield	State RI
Zip 02928		Zip 02917	
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 Raymond Johnson, Jr.		Director Name Joseph Grasso	
Street Address 9 Newburg Street		Street Address 28 Atwells Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Salvatore Gelsomino		Director Name	
Street Address 107 Rocky Hill Road		Street Address	
City Scituate	State RI	City	State
Zip 02857		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Linda LaFazia			Date 02/09/2024
Signature of Officer/Authorized Representative <i>Linda LaFazia</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov