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**State of Rhode Island  
Department of State - Business Services Division**

**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 <b>140666</b>		2. Exact name of the Corporation <b>The Lascares Prize Foundation for the Cure of Alzheimers</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Our mission and vision is to dramatically accelerate the cure for Alzheimers. At the same time we want to educate the public around Alzheimers.</b>	
4. NAICS Code <b>813212</b>			
6. Principal Office Address <b>P.O. Box 2543</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Marie Lascares</b>		Vice-President Name <b>Dr. Teni Boulikas</b>	
Street Address <b>P.O. Box 2543</b>		Street Address <b>P.O. Box 2543</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Secretary Name <b>Lisa Hollis Sawyer (PhD)</b>		Treasurer Name <b>Marie Lascares</b>	
Street Address <b>P.O. Box 2543</b>		Street Address <b>P.O. Box 2543</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Marie Lascares</b>		Director Name <b>Dr. Teni Boulikas</b>	
Street Address <b>P.O. Box 2543</b>		Street Address <b>P.O. Box 2543</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Director Name <b>Dr. Lisa Hollis-Sawyer</b>		Director Name <b>Danielle Girdano</b>	
Street Address <b>P.O. Box 2543</b>		Street Address <b>P.O. Box 2543</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Marie Lascares</b>			Date <b>3/18/24</b>
Signature of Officer/Authorized Representative 			

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

**FILED**  
**MAR 18 2024**  
**BY ML 1070**