



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.

REC'D RIDOS BSD
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1. Entity ID Number 140666		2. Exact name of the Corporation The Lascares Prize Foundation for the Cure of Alzheimers	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our mission and vision is to dramatically accelerate the cure for Alzheimers. At the same time we want to educate the public around Alzheimers.	
4. NAICS Code 813212			
6. Principal Office Address P.O. Box 2543		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marie Lascares		Vice-President Name Dr. Teni Boulikas	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Lisa Hollis Sawyer (PhD)		Treasurer Name Marie Lascares	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Marie Lascares		Director Name Dr. Teni Boulikas	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Dr. Lisa Hollis-Sawyer		Director Name Danielle Girdano	
Street Address P.O. Box 2543		Street Address P.O. Box 2543	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Marie Lascares			Date 3/18/24
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