



**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.** 000118616

**2. Name of Corporation** GAIA Vaccine Foundation

**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

813219

**4. Principal Office Address**

No. and Street: 188 VALLEY STREET  
SUITE 424

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

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

TO RAISE AND DISTRIBUTE FUNDS FOR THE DEVELOPMENT AND DISTRIBUTION OF A GLOBALLY EFFECTIVE VACCINE AGAINST HIV/AIDS. ALSO SUPPORT EDUCATION OF THE PUBLIC AND VACCINE PROVIDERS ABOUT THE NEED FOR A GLOBALLY EFFECTIVE AIDS VACCINE.

**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.

| Title               | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT           | SOPHIE SPRECHT                                 | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| PRESIDENT           | BINTOU CHATTERTON                              | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| TREASURER           | JULIA WAGNER                                   | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| VICE PRESIDENT      | SARAH BESEME                                   | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| SCIENTIFIC DIRECTOR | ANNE DE GROOT                                  | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| DIRECTOR            | JEFFREY SAFRIT                                 | 188 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| DIRECTOR            | MARY-ROSE PELLIGRINO JD                        | 188 VALLEY STREET, SUITE 424<br>PROVIDENCE, RI 02909 USA   |
| DIRECTOR            | FRAN INGERSOLL                                 | 188 VALLEY STREET, SUITE 424<br>PROVIDENCE, RI 02909 USA   |
| DIRECTOR            | MATTHEW MURPHY                                 | 188 VALLEY ST, SUITE 424<br>PROVIDENCE, RI 02909 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

ANNE S. DEGROOT 188 VALLEY STREET SUITE 424 PROVIDENCE , RI 02909

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

Signed this 26 Day of March, 2024 at 9:02:49 AM 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 TIFFANI MCMANUS  
Signature of Authorized Person