State of Rhode Island
Department of State - Business Services Division

FILED
MAR 27 2024
BY

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	2. Exact name of the Corporation
551043	Megan L. Cordeiro Memorial Foundation
3 State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide support services for children with cancer.
4. NAICS Code: 813212	

6 Principal Office Address	City	State	Zip
19 Blueberry Lane	Tiverton	RI	02878

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John T. Cordeiro			Vice-President Name: Teresa M. Cordeiro		
Street Address: 19 Blueberry Lane			Street Address: 19 Blueberry Lane		
City: Tiverton	State: RI	Zip: 02878	City: Tiverton	State: RI	Zip: 02878
Secretary Name: Sarah J. DaCosta			Treasurer Name: Chelsea M. Mello		
Street Address: 19 Blueberry Lane			Street Address: 19 Blueberry Lane		
City: Dighton	State: MA	Zip: 02715	City: Tiverton	State: RI	Zip: 02878

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: John T. Cordeiro			Director Name: Teresa M. Cordeiro		
Street Address: 19 Blueberry Lane			Street Address: 19 Blueberry Lane		
City: Tiverton	State: RI	Zip: 02878	City: Tiverton	State: RI	Zip: 02878
Director Name: Sarah J. DaCosta			Director Name: Chelsea M. Mello		
Street Address: 19 Blueberry Lane			Street Address: 19 Blueberry Lane		
City: Tiverton	State: RI	Zip: 02878	City: Tiverton	State: RI	Zip: 02878

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.

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

Name of Officer/Authorized Representative	Date
X John T. Cordeiro	X 3-23-24

Signature of Officer/Authorized Representative
X

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

FORM 631- Revised 12/2023