



**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

**Foreign Non-Profit
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. 000069533

2. Name of Corporation AMERICARES FOUNDATION, INC.

3. State of Incorporation

State: CT

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

813212

4. Principal Office Address

No. and Street: 88 HAMILTON AVE

City or Town: STAMFORD

State: CT

Zip: 06902

Country: USA

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

TO SOLICIT CONTRIBUTIONS WHICH WILL BE USED TO SUPPLY EMERGENCY
MEDICAL RELIEF AROUND THE WORLD IN THE FORM OF MEDICINE, MEDICAL
SUPPLIES, AND TEAMS OF DOCTORS.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTINE SQUIRES	88 HAMILTON AVE STAMFORD, CT 06902 USA
TREASURER	RICHARD K TROWBRIDGE JR	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
SECRETARY	MICHAEL ULLMAN	88 HAMILTON AVE STAMFORD, CT 06902 USA
CHAIR	SUSAN GROSSMAN	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	MARTI NOXON	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	MICHELLE A WILLIAMS	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	PERCIVAL BARRETTO-KO	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	JEFFREY BECKER	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	SARAH SAINT-AMAND	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	STEPHEN SADOVE	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	ERICA HILL	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	SAMHITA JAYANTI	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	LT. GEN NADJA WEST MD	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	MEDHI MAHMUD	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	TIM BOSEK	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	ROBERTA CONROY	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	TONY GOLDWYN	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	SUSAN GROSSMAN	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	STEVE GALLUCCI	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	KATHERINE CLOSE MD	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	KENNEDY ODEDE	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	WALTER WEIL	88 HAMILTON AVE STAMFORD, CT 06902 USA
DIRECTOR	STEVE GALLUCCI	88 HAMILTON AVENUE STAMFORD, CT 06902 USA

DIRECTOR	JEAN-MARC LAOUCHEZ	88 HAMILTON AVENUE STAMFORD, CT 06902 USA
DIRECTOR	ROBERT M BAYLIS	88 HAMILTON AVENUE STAMFORD, CT 06902 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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

Signed this 22 Day of April, 2024 at 6:49:01 PM 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 CHRISTINE M. SQUIRES
Signature of Authorized Person

Form No. 631
Revised 09/07

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