



**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 001716284	2. Exact name of the Corporation HunterSeven Foundation
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Nonprofit dedicated to preventing and detecting cancer at its earliest stages through rigorous research, comprehensive education, and accessible medical screening programs in post-9/11 military veterans.
4. NAICS Code 813212	

6. Principal Office Address 306 Thayer Street, #2694	City Providence	State RI	Zip 02906
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle Simoni			Vice-President Name Dr. Sheri Boucher		
Street Address 25 Cedar Road			Street Address 49 Beth Avenue		
City N. Attleboro	State MA	Zip 02763	City Warren	State RI	Zip 02885
Secretary Name Jason Martin			Treasurer Name Chelsey Simoni		
Street Address 125 Windward Lane			Street Address 25 Cedar Road		
City Bristol	State RI	Zip 02809	City N. Attleboro	State MA	Zip 02763

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 Matthew Flynn			Director Name Dr. Gabrielle Lyon		
Street Address 3007 Wessynton Way			Street Address 28 Broadway, 8th Fl		
City Alexandria	State VA	Zip 22309	City New York	State NY	Zip 10004
Director Name Michael Gagan			Director Name		
Street Address 44 Brettonwoods Drive			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip

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 Chelsey Simoni	Date 04/10/2024
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

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