



**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. 000138992

2. Name of Corporation The M.A.E. 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

624190

4. Principal Office Address

No. and Street: 430 ACADEMY AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

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

A NON-PROFIT DEDICATED TO PROVIDING SUPPORTIVE SERVICES TO CANCER SURVIVORS AND LOVED ONES.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TODD W. ELLISON	432 ACADEMY AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	DANIEL BYRNE	501 BROOKSIDE CIRCLE MAITLAND, FL 32751 USA
DIRECTOR	LAURIE ELLISON	41 AUDUBON LANE HOPE, RI 02831 USA
DIRECTOR	JOHN ELLISON	41 AUDUBON LN HOPE, RI 02831 USA
DIRECTOR	DIANE M D AMBRA	8 ALBERT DR JOHNSTON , RI 02919 USA
DIRECTOR	MARY LINDENBERG	1 OKEEFE DR WOOD RIVER JUNCTION , RI 02894 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

TODD W. ELLISON 432 ACADEMY AVENUE PROVIDENCE , RI 02908

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

Signed this 30 Day of April, 2024 at 3:25:25 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 TODD ELLISON
Signature of Authorized Person

Form No. 631
Revised 09/07

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