RI SOS Filing Number: 202453399560 Date: 4/30/2024 4:59:00 PM



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. 000029647
- 2. Name of Corporation Cystic Fibrosis Foundation
- 3. State of Incorporation

State: DE

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 <u>click here.</u>

NAICS Code

<u>813212</u>

4. Principal Office Address

No. and Street: 4550 MONTGOMERY AVENUE

SUITE 1100N

City or Town: BETHESDA State: MD Zip: 20814 Country: USA

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

ORIGINAL DOCUMENTS HAVE BEEN MISPLACED. FOR THE BENEFIT AND IN AID OF SCIENTIFIC RESEARCH, STUDY TRAINING AND THE DISSEMINIATION OF INFORMATION WITH RESPECT TO THE DISEASE KNOWN AS MUCOVISCIDOSIS (CYSTIC FIBROSIS) AND RELATED DISEASES.

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
SECRETARY	MICHAEL CAVADEL	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	LOUIS A DEFALCO	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	KC BRYAN WHITE	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	KATE O'DONNELL	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	JOHN S WEINBERG	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	JESSICA H BOYD MD	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
COO/CFO	IRENA BARISIC	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	ERIC R OLSON PH.D.	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	ERIC C SCHNEIDER MD	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	DOMINIC J CARUSO	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	DODZIE SOGAH PH.D.	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE/ TREASURER	DAVID A MOUNT	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	CAROLE B GRIEGO MD	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	TERESA L ELDER	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	STEVEN SHAK MD	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	ROBERT H NIEHAUS	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE	PAUL A MOTENKO	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 USA
TRUSTEE/PRESIDENT	MICHAEL P BOYLE MD	SUITE 1100N 4550 MONTGOMERY AVE BETHESDA, MD 20814 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

 $\frac{\mathsf{PRENTICE}\text{-}\mathsf{HALL}\;\mathsf{CORP}\;\mathsf{SYSTEM}}{\mathsf{02888}}\;\underline{\mathsf{222}\;\mathsf{JEFFERSON}\;\mathsf{BOULEVARD}}, \\ \underline{\mathsf{SUITE}\;\mathsf{200}}\;\mathsf{WARWICK}\;, \\ \underline{\mathsf{RI}}\;$

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 5:01:34 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 MICHAEL CAVADEL

Signature of Authorized Person

Form No. 631 Revised 09/07

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