



**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. 001670637

2. Name of Corporation THE ARTHRITIS FOUNDATION, INC.

3. State of Incorporation

State: GA

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: 1355 PEACHTREE STREET NE, SUITE
600

City or Town: ATLANTA

State: GA Zip: 30309 Country: USA

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

VOLUNTARU HEALTH AGENCY

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
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PRESIDENT	STEVEN TAYLOR	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
TREASURER	WINELL BELFONTE	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR & SECRETARY	DENNIS EHLING	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	THOMAS FLEETWOOD	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	MARK FROMISON	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	RANDEEP KAHLON	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	HELEN KING	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	MARTIN LOTZ	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	KEVIN MANDRELL	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	DIANA MILOJEVIC	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	JOHN COALSON	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	PAULO PINHO	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	DAVID PLEASANCE	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	VIJAY MURALI	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	AMANDA PARKS	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	MARY CROW	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 USA
DIRECTOR	ROBIN DORE	1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 2 Day of May, 2024 at 3:08:52 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 631
Revised 09/07

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