



**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. 001672823

2. Name of Corporation Race for Matt and Grace, Inc.

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

813319

4. Principal Office Address

No. and Street: 14 SCARLETT WAY

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

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

ONGOING PROMOTION AND FUND RAISING FOR RESEARCH IN ORDER TO FIND A CURE FOR FRIEDREICHS ATAXIA DISEASE AND TO PROVIDE SUPPLEMENTAL ASSISTANCE TO THE NEW ENGLAND RESIDENTS WHO ARE AFFECTED BY THIS DISEASE.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARISSA CRAWLEY	14 SCARLETT WAY CRANSTON, RI 02921 USA
DIRECTOR	WILLIAM BEATINI	10 MUSKET ROAD LINCOLN, RI 02865 USA
DIRECTOR	KATHLEEN MEDICI	51 CHOPMIST HILL ROAD GLOCESTER, RI 02814 USA
DIRECTOR	MICHAEL WESTELL	200 HEROUX BLVD UNIT 2007 CUMBERLAND, RI 02864 USA
DIRECTOR	KIMBERLY CRAWLEY	1 SANTINI STREET, UNIT K NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DONNA DANIELIAN	41 BREAKNECK HILL ROAD UNIT 1 LINCOLN, RI 02865 USA
DIRECTOR	DAVID INTERLINI	21 SCHOOL STREET JOHNSTON, RI 02919 USA
DIRECTOR	SHARON SANTILLI	161 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	DAVID THOMAS	10 APPLESEED DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	JOANNE THOMAS	10 APPLESEED DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	GERALD MIRABILE	50-D PHEASANT RUN SMITHFIELD, RI 02917 USA
DIRECTOR	HARRIET SUKASKAS	431 GREENVILLE AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	SALLYANN DIORIO	5 WOODWARD ROAD JOHNSTON, RI 02919 USA
DIRECTOR	JACK DIORIO	5 WOODWARD ROAD JOHNSTON, RI 02919 USA
DIRECTOR	JOYCE RYLANDER	16 SUPERIOR VIEW BLVD NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	NANCY LAMORIELLO	1 CLAUSON COURT EAST GREENWICH, RI 02818 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

MARISSA A. CRAWLEY 20 MORNINGSIDE COURT CRANSTON , RI 02921

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

Signed this 14 Day of May, 2024 at 12:45:08 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 MARISSA A. CRAWLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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