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. 001670493

2. Name of Corporation Epilepsy Foundation New England, Inc.

3. State of Incorporation

State: MA

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: 175 CABOT STREET
301
City or Town: LOWELL State: MA Zip: 01854 Country: USA

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

RELIGIOUS CHARITABLE SCIENTIFIC TESTING FOR PUBLIC SAFTEY LITERY OR EDUCATIONAL PURPOSES OR TO FOSTER NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION BUT ONLY IF NO PART OF ITS ACIVITIES INVOLVES THE PROVIDING FAVILITIES OR EQUIPMENT OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS

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
PRESIDENT	SUSAN LINN	175 CABOT STREET LOWELL, MA 01854 USA
TREASURER	STEPHEN SIRAVO	175 CABOT STREET LOWELL, MA 01854 USA
SECRETARY	JOESEPH SIRAVO	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	TIM YOUNG	175 CABOT STREET LOWELL, MA 01854 US
DIRECTOR	ANDREA ANDERSON	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	ALISON ZANETTI	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	JOHN GAITANIS	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	KIM SCHUMACHER	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	TAMARA SACHARCZYK	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	JEN CARDILLO	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	ANDREW COLE	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	FRANCIS KENNEALLY	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	DON HOLMES	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	PHILLIP HAYDON	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	BRETT DOWNING	175 CABOT STREET LOWELL, MA 01854 USA
DIRECTOR	JESSICA FENNELL	175 CABOT STREET LOWELL, MA 01854 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

WILLIAM MURPHY 167 RUGGLES AVENUE NEWPORT , RI 02840

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

Signed this 16 Day of May, 2024 at 9:57:30 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 KATHRYN SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07