



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
SECRETARY OF
CORPORATION

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1. Entity ID Number 001749740		2. Exact name of the Corporation Heart Across America, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Stroke awareness and prevention initiatives including speaking engagements and community event participation.			
4. NAICS Code 624190					
6. Principal Office Address 275 Harrison Ave			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sean Martin Maloney			Vice-President Name Margaret Chai Maloney		
Street Address 275 Harrison Ave			Street Address 275 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Margaret Chai Maloney			Treasurer Name Margaret Chai Maloney		
Street Address 275 Harrison Ave			Street Address 275 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sean Martin Maloney			Director Name Margaret Chai Maloney		
Street Address 275 Harrison Ave			Street Address 275 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Francis J Casey, Jr			Director Name		
Street Address 16310 E. Course Drive			Street Address		
City Tampa	State FL	Zip 33624	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Francis J Casey					Date 5/14/24
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov