



**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.** 001755408

**2. Name of Corporation** Amyloid Action Network 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

813219

**4. Principal Office Address**

No. and Street: 561 BOYDS LANE

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS

ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: TO RAISE AWARENESS FOR AMYLOID DISEASE AND ADDRESS HEALTH EQUITY, BIAS ISSUES IN TREATMENT AND RESEARCH TO AID IN DIAGNOSIS AND DEVELOPMENT OF THERAPEUTICS. PROVIDE GRANTS TO ORGANIZATIONS THAT FURTHER THIS MISSION.

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	ANGELA 2127298088 WONSON	561 BOYDS LANE PORTSMOUTH, RI 02871 UNI
INCORPORATOR	CHEYENNE MOSELEY	101 N. BRAND BLVD., 11TH FLOOR GLENDALE, CA 91203 USA
DIRECTOR	ANGELA CALMAN	561 BOYDS LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	KAREN E. WATSON	561 BOYDS LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	JEFF MARSTON	561 BOYDS LANE PORTSMOUTH, RI 02871 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

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BLVD., SUITE 200 WARWICK , RI 02888

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

Signed this 8 Day of July, 2024 at 7:47:26 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 ANGELA CALMAN  
Signature of Authorized Person

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