RI SOS Filing Number: 202457933940 Date: 7/15/2024 11:24:00 AM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022
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.

1. Entity ID Number	2. Exact name of the Corporation
1690654	Hearing Loss Foundation
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Collect and recycle used hearing aids; assist families of children that are deaf or hard of hearing with financial assistance options; advocate for parents and children for hearing aid coverage.
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
200 Middle Hwy, Suite 211	Barrington	RI	02806

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sophia Melisaratos			Vice-President Name: Thimio Melisaratos		
Street Address: 11 Sherbrooke Rd			Street Address: 11 Sherbrooke Rd.		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Kerry Schnelle			Treasurer Name: Andrew Taxiarchos		
Street Address: 200 Middle Hwy, Suite 211			Street Address: 200 Middle Hwy, Suite 211		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Sophia Melisaratos			Director Name: Thimio Melisaratos		
Street Address: 11 Sherbrooke Rd			Street Address: 11 Sherbrooke Rd		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Director Name: Andrew Taxiarchos			Director Name: Kerry Schnelle		
Street Address: 200 Middle Hwy, Suite 211			Street Address: 200 Middle Hwy, Suite 211		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

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.

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

Name of Officer/Authorized Representative	Date
Sophia Melisaratos	**7/10/2024**

Signature of Officer/Authorized Representative

FILED
JUL 15 2024
BY QEBOH

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 04/2023