



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 15 AM 11:21:45

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 1690654		2. Exact name of the Corporation 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 200 Middle Hwy, Suite 211			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Kery 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.					
<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 Sophia Melisaratos					Date 7/10/2024
Signature of Officer/Authorized Representative 					FILED JUL 15 2024 BY <u>QEBCH</u>

MAIL TO:
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