



**State of Rhode Island  
Department of State - Business Services Division**

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**Annual Report for the year: 2021**

**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 <b>1690654</b>	2. Exact name of the Corporation <b>Hearing Loss Foundation</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>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.</b>
4. NAICS Code <b>813311</b>	

6. Principal Office Address <b>200 Middle Hwy, Suite 211</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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

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

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 <b>Sophia Melisaratos</b>	Date <b>7/10/2024</b>
Signature of Officer/Authorized Representative 	<p><i>FILED 1123</i></p> <p><b>JUL 15 2024</b></p> <p><b>BY Q8BCH</b></p>

**MAIL TO:**  
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