



**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 2025:** 2025

**1. Corporate ID No.** 000722184

**2. Name of Corporation** The Salgi Esophageal Cancer Research Foundation

**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: PO BOX 1912

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

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

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR ONE OR MORE OF THE PURPOSES AS SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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	LINDA MOLFESI	PO BOX 1912 EAST GREENWICH, RI 02818 USA
TREASURER	LINDA MOLFESI	PO BOX 1912 EAST GREENWICH, RI 02818 USA
SECRETARY	JAMES FRYE	PO BOX 1912 EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	CHRISTINA FRYE	PO BOX 1912 EAST GREENWICH, RI 02818 USA
DIRECTOR	LINDA MOLFESI	PO BOX 1912 EAST GREENWICH, RI 02818 USA
DIRECTOR	JAMES FRYE	PO BOX 1912 EAST GREENWICH, RI 02818 USA
DIRECTOR	CHRISTINA FRYE	PO BOX 1912 EAST GREENWICH, RI 02818 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

LINDA MOLFESI 5775 POST ROAD P.O. BOX 1912 EAST GREENWICH , RI 02818

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

Signed this 4 Day of February, 2025 at 4:07:45 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 LINDA M MOLFESI  
Signature of Authorized Person

Form No. 631  
Revised 09/07