

## 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**: <u>2025</u>

- **1. Corporate ID No.** 001716284
- 2. Name of Corporation HunterSeven 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 <u>click here.</u>

**NAICS** Code

813212

#### 4. Principal Office Address

No. and Street: 306 THAYER STREET

**UNIT 2694** 

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

THE PURPOSE OF THE HUNTERSEVEN FOUNDATION IS TO PROVIDE AN UNMATCHED PASSION IN EDUCATION AND ADVOCACY IN THE VETERAN COMMUNITY. CREATING CLINICAL PRACTICE GUIDELINES AND UNMATCHED, WORLD RENOWNED EDUCATIONAL PROGRAMS THROUGH ACADEMIC STUDIES AND EVIDENCE-BASED MEDICAL RESEARCH CONDUCTED BY THE HUNTERSEVEN FOUNDATION MEDICAL TEAM WITH THE PURPOSE TO EMPOWER MILITARY VETERANS, THEIR FAMILIES AND HEALTHCARE PROVIDERS ACROSS THE WORLD.

### ADDITIONALLY, ESTABLISHING MILITARY VETERANS TO OBTAIN NECESSARY HEALTHCARE THROUGH OUR OFFERED PROGRAMS.

#### 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	KYLE SIMONI	25 CEDAR ROAD NORTH ATTLEBORO, MA 02763 USA
CEO	TIMOTHY PACHASA	12832 N 22ND STREET PHOENIX, AZ 85022 USA
DIRECTOR	JASON MARTIN	125 WINDWARD LANE BRISTOL, RI 02809 USA
VICE PRESIDENT	DR. SHERI BOUCHER	49 BETH AVENUE WARREN, RI 02885 USA
BOARD OF DIRECTORS	JOHN WAYNE TROXELL	306 THAYER STREET, #2694 PROVIDENCE, RI 02906 USA
BOARD OF DIRECTORS	MATTHEW HOWARD	306 THAYER STREET, #2694 PROVIDENCE, RI 02906 USA
DIRECTOR	CHELSEY SIMONI	25 CEDAR ROAD NORTH ATTLEBORO, MA 02763 USA
DIRECTOR	KEITH DOW	748 ERSKINE DRIVE SAN CLEMENTE, CA 92672 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

CHELSEY POISSON 306 THAYER STREET, #2694 PROVIDENCE, RI 02906

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

**Signed this 26 Day of March, 2025 at 3:24:36 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 KYLE SIMONI

Signature of Authorized Person

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