



**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

**Foreign Non-Profit
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. 000505290

2. Name of Corporation ANGELMAN SYNDROME FOUNDATION, INC.

3. State of Incorporation

State: FL

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

813212

4. Principal Office Address

No. and Street: 3015 E NEW YORK STREET, SUITE A2-285

City or Town: AURORA

State: IL Zip: 60504 Country: USA

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

TO SUPPORT INDIVIDUALS AND THEIR FAMILIES WITH ANGEL SYNDROME WITH MEDICAL, SCIENTIFIC, & EDUCATIONAL PROFESSIONALS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	LESLEY MCCULLOUGH MCCALLISTER	1520 KNOB RD CHARLESTON, WV 25314 USA
SECRETARY	CHARLES WINDSLOW III	14780 WALCOTT AVE ORLANDO, FL 32827 USA
CEO	AMANDA MOORE	117700 SAND CREEK BLVD FISHERS, IN 46037 USA
DIRECTOR	ANDREW OBERWAGER	90 GARIBALDI LANE NEW CANAAN, CT 06840 USA
DIRECTOR	DAVID ROUTH	205 N BOUNDARY ST CHAPEL HILL, NC 27514 USA
DIRECTOR	REBECCA BURDINE	167 HARTLEY AVE PRINCETON, NJ 08540 USA
DIRECTOR	COURTNEY SWAFFORD	3138 KENSINGTON RD AVONDALE ESTATES, GA 30002 USA
DIRECTOR	DAN HARVEY	6254 LAKEWOOD ST SAN DIEGO, CA 92122 USA
DIRECTOR	JOHN SUGDEN	201 CRANDON BLVD, SUITE 111 KEY BISCAYNE, FL 33149 USA
DIRECTOR	MINDY MCBRIDE	14142 ABBEYFIELD AVE ROSEMOUNT, MN 55068 USA
DIRECTOR	SHANNON MOYER	63 COLLEEN CIR DOWNTOWN, PA 19335 USA
DIRECTOR	APRIL CANTER	3015 E NEW YORK ST, SUITE A2 285 AURORA, IL 60504 USA
DIRECTOR	CHRISTIAN PACHE	2342 SUNNY POINT ST THOUSAND OAKS, CA 91362 USA
DIRECTOR	LIA PERRYMAN	9035 BURNING TREE DR. GRAND BLANC, MI 48439 USA
DIRECTOR	MARCUS THOMPSON	1157 PAMELA RD CINCINNATI, OH 45255 USA
DIRECTOR	RICHARD KRAKER	457 TAYLOR AVE GLEN ELLYN, IL 60137 USA
DIRECTOR	STEVE PILUSO	12 PINE ST CHATHAM, NJ 07928 USA
DIRECTOR	TAYLOR GEATHERS	1101 PLAZA WALK DR CHARLOTTE, NC 28215 USA
DIRECTOR	WILLIAM A. RAKOCZY	1860 N. FREMONT ST CHICAGO, IL 60614 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 23 Day of April, 2025 at 3:12:40 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 AMANDA MOORE
Signature of Authorized Person

Form No. 631
Revised 09/07

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