RI SOS Filing Number: 201872586450

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED SECRETARY OF STATE CORPORATIONS DATE

Date: 7/19/2018 10:56:00 AM

2018 JUL 19 AH 10: 54

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1. Entity ID Number	2. Exact name of the Corporation				
000550952	Rhode Island Dercum's Research Fund, Inc				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Raise money for Dercum's Research				
4. NAICS Code	1				
813319 - Other Social Advoc					
6. Principal Office Address	<u></u>	······	City	State	Zip
21 Farmland Rd			Warwick	RI	02889
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment
President Name Amanda Greene			Vice-President Name David Robert		
Street Address 21 Farmland Rd			Street Address 360 Shawomet Ave		
City Warwick	State RI	^{Zip} 02889	City Warwick	State RI	Zip 02889
Secretary Name Tara Lamy			Treasurer Name Patty Barnard		
Street Address 32 Damon Ave			Street Address 11 Hillside Dr		
City Warwick	State RI	Zip 02889	City Warwick	State RI	^{Zip} 02889
8. List ALL directors (names and a	ddresses). RI Con	porations MUST	list at least THREE directors	. Check the box to indic	ate an attachment
Director Name Helen Fay			Director Name Sue Fowler		
Street Address 28 Ellsworth St			Street Address 16 Cedar Pond Dr, Apt 3		
^{City} Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Director Name Erica Silva			Director Name Bill Lyons		
Street Address 25 Fiume St. Apt B			Street Address 20 Haley Rd		
City Warwick, West	State R/	Zip 02886	City Warwick	State RI	^{Zip} 02889
9. Registered Agent in Rhode Islar	nd. This information	is currently of reco	ird in the Department of State. C	hanges require filing Form 64	11.
Under penalty of perjury, I decla statements, and that all stateme				y accompanying schedu	ules and
<u> </u>	***			Representative, Receiver or Trus	ste e
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative				Date	
Amanda Greene				04/26/18	
Signature of Officer/Authorized Representative					
Smanda M J. GN DOCUMENT HEILE L.					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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FORM 631 - Revised: 11/2017