



Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

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Annual Report for the year:-

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00

List the corporation's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number 1690654	2. Exact name of the Corporation The Hearing Loss Foundation	ID# 001690654
3. State of Incorporation RI	List the state or country under whose laws the corporation was incorporated.	List the type of business the corporation is engaged in Rhode Island. Fund Amplification Renal Services for children w/ hearing loss
4. NAICS Code 624110	List the address of the main business office of the corporation.	
6. Principal Office Address 200 Middle Hwy #211	City Barrington	State RI
	Zip 02806	
7. List ALL officers (names and addresses)	List the names and addresses of the officers, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
President Name Sophia Melisaratos	Street Address 200 Middle Hwy Suite #211	
City Barrington	State RI	Zip 02806
Secretary Name Ray Oleaga	Treasurer Name Andrew Taxiarchos	
Street Address 419 Laurel Hill Ave	City Barrington	
City Cranston	State RI	Zip 02806
8. List ALL directors (names and addresses)	Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Sophia Melisaratos	Director Name Andrew Taxiarchos	
Street Address 200 Middle Hwy Suite 211	Street Address 11 Sherbrooke Rd	
City Barrington	City Barrington	State RI
State RI	State RI	Zip 02806
Zip 02806	Zip 02806	
Director Name Ray Oleaga	Director Name	
Street Address 419 Laurel Hill Ave	This annual report dated by President, Secretary, Representative, Receiver or Trustee.	
City Cranston	State RI	Zip 02806
9. Registered Agent in Rhode Island. This information is required for all corporations.	The registered agent is of record in this office. If the registered agent has changed, see instructions for further information.	
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 Sophia Melisaratos	Date 2/1/2020	
Signature of Officer/Authorized Representative <i>Sophia Melisaratos</i>		

FILED