



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 001729291		2. Exact name of the Corporation The Amyotrophic Lateral Sclerosis Association			
3. State of Incorporation Delaware		5. Brief description of the character of business conducted in Rhode Island Our Mission: To discover treatments and a cure for ALS, and to serve, advocate for and empower people affected by ALS to live their lives to the fullest.			
4. NAICS Code 813212					
6. Principal Office Address 1300 Wilson Blvd Suite 600			City Arlington	State VA	Zip 22209
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Calaneet Balas			Vice-President Name		
Street Address 1300 Wilson Blvd Suite 600			Street Address		
City Arlington	State VA	Zip 22209	City	State	Zip
Secretary Name Sandy Piersol			Treasurer Name Connie Houston		
Street Address 1300 Wilson Blvd Suite 600			Street Address 1300 Wilson Blvd Suite 600		
City Arlington	State VA	Zip 22209	City Arlington	State VA	Zip 22209
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Scott Kauffman			Director Name Sue Gorman		
Street Address 1300 Wilson Blvd Suite 600			Street Address 1300 Wilson Blvd Suite 600		
City Arlington	State VA	Zip 22209	City Arlington	State VA	Zip 22209
Director Name Fred DeGrandis			Director Name Sandy Piersol		
Street Address 1300 Wilson Blvd Suite 600			Street Address 1300 Wilson Blvd		
City Arlington	State VA	Zip 22209	City Arlington	State VA	Zip 22209
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Teresa Harris SVP Finance					Date 8/14/23
Signature of Officer/Authorized Representative <i>Teresa Harris</i>					

FILED

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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BY YEXIB

Entity ID	Director Name	Address	City	State	Zip Code
001729291	Jinsy Andrews	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Millie Arnold	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Eugene Brandon	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Mark Calmes	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Tom Carroll	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Larry Falivena	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Paul Ingholt	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Christi Kolarcik	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	John Krave	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Nancy LeaMond	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Lou Libby	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Tommy May	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Kenneth Menkhaus	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Warren Nelson	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Judith Pratt	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Charles Robinson	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Wendy Schriber	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Kevin Spinella	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	Mark Stancil	1300 Wilson Blvd Suite 600	Arlington	VA	22209
	David Van de Riet	1300 Wilson Blvd Suite 600	Arlington	VA	22209