



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2024**

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.

1. Entity ID Number 000091592		2. Exact name of the Corporation Lifespan Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To engage in philanthropic activities to support the mission and purpose of Lifespan Corporation and all affiliated exempt organizations.			
4. NAICS Code 813319-Other Social Adv					
6. Principal Office Address 167 Point Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas Dominick, Jr.			Vice-President Name		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Eva Greenwood		
Street Address 167 Point Street, Suite 2B			Street Address 167 Point Street, Suite 2B		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul J. Adler			Director Name Nicholas Dominick, Jr.		
Street Address 167 Point Street, Suite 2B			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Eva Greenwood			Director Name		
Street Address 167 Point Street, Suite 2B			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Paul J. Adler				Date 2/26/2024	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

MAR 14 2024
BY ML 100101281