



**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 2024: 2024

1. Corporate ID No. 001748718

2. Name of Corporation STOP SOLDIER SUICIDE, INC.

3. State of Incorporation

State: NY

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
624190

4. Principal Office Address

No. and Street: 600 PARK OFFICES DRIVE
SUITE 105

City or Town: DURHAM State: NC Zip: 27709 Country: USA

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

WORKING TO REDUCE THE MILITARY SUICIDE RATE

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
-------	--	--

PRESIDENT	CHRISTPHER T FORD	600 PARK OFFICES DRIVE, SUITE 105 DURHAM, NC 27709 USA
TREASURER	SLADE BURKEEN	600 PARK OFFICES DRIVE, SUITE 115 DURHAM, NC 27709 USA
SECRETARY	ADAM VANEK	600 PARK OFFICES SUITE 115 DURHAM, NC 27709 USA
DIRECTOR	BRIAN KINSELLA	600 PARK OFFICES DRIVE, SUITE 105 DURHAM, NC 27709 USA
DIRECTOR	MELISSA BAIRD	600 PARK OFFICES DRIVE, SUITE 105 DURHAM, NC 27709 USA
DIRECTOR	CHRISTPHER T FORD	600 PARK OFFICES DRIVE, SUITE 105 DURHAM , NC 27709 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**

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 19 Day of March, 2024 at 12:34:29 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 SLADE BURKEEN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved