

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000220

**Entity Name:** NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

**Current Principal Place of Business:**

1900 CROWN COLONY DRIVE, SUITE 310  
QUINCY, MA 02169

**Current Mailing Address:**

1900 CROWN COLONY DRIVE, SUITE 310  
QUINCY, MA 02169 US

**FEI Number: 13-3223946**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            SALTONSTALL, PETER L  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            CHIEF STRATEGY OFFICER  
Name            GAVIN, PAMELA  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            DIRECTOR  
Name            BERRY, SUSAN  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            S  
Name            GROSSMAN, STEVEN  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            VP OF DEVELOPMENT  
Name            MOORE, ALEXA  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            CHAIRMAN  
Name            STEWART HOLCOMBE , KATHLEEN  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

Title            VP OF FINANCE  
Name            MURPHY, VINCENT  
Address        1900 CROWN COLONY DRIVE, SUITE  
                  310  
City-State-Zip: QUINCY MA 02169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER SALTONSTALL**

**PRESIDENT & CEO**

**03/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date