

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17975

**Entity Name:** AMERICARES FOUNDATION, INC.**Current Principal Place of Business:**88 HAMILTON AVENUE  
STAMFORD, CT 06902**Current Mailing Address:**88 HAMILTON AVENUE  
STAMFORD, CT 06902**FEI Number:** 06-1008595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 DIRECTOR  
Name GOLDWYN, TONY  
Address 88 HAMILTON AVE  
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT  
Name SQUIRES, CHRISTINE  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name BARRETTO-KO, PERCIVAL  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title CHAIRMAN  
Name LEAMON, JERRY P  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name BAYLIS, ROBERT M  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name BECKER, JEFFREY  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name FRANK, ELIZABETH P  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name GALLUCCI, STEVE  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

**Continues on page 2**

*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:** CHRISTINE SQUIRES

PRESIDENT

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VC  
Name JAYANTI, SAMHITA  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name RWAMBUYA, ALAN  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title CFO  
Name TROWBRIDGE JR, RICHARD  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name SAINT-AMAND, SARAH  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name GROSSMAN, SUSAN  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title SECRETARY  
Name ULLMAN, MICHAEL  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name HILL, ERICA  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name ODEDE, KENNEDY  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name WILLIAMS , MICHELLE A.  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name CONROY, ROBERTA  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name SADOVE, STEPHEN  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name CLOSE, MD, KATHERINE  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name MAHMUD, MEDHI  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name KATSOUDAS, FRANCINE  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name BOSEK, TIM  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name WEST, LT. GEN NADJA DR.  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name WEIL, WALTER  
Address 88 HAMILTON AVENUE  
City-State-Zip: STAMFORD CT 06902