



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. <b>130171</b>		2. Name of Corporation <b>Steven P. Follett Jr. Scholarship Fund</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>145 THOREAU LN.</b>	
		City <b>WAKEFIELD</b>	Zip <b>02879</b>
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>TO EARN MONEY FOR SCHOLARSHIPS FOR DESERVING AND NEEDY STUDENTS IN MEMORY OF STEVEN P. FOLLETT, JR.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>STEVEN P. FOLLETT</b>		Vice President Name <b>HEATHER LYNN FOLLETT</b>	
Street Address <b>145 THOREAU LN. WAKE, RI</b>		Street Address <b>145 THOREAU LN.</b>	
City <b>WAKEFIELD</b>	State <b>R.I.</b>	City <b>WAKEFIELD</b>	State <b>R.I.</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name <b>DONNA M. FOLLETT</b>		Treasurer Name <b>DONNA M. FOLLETT</b>	
Street Address <b>145 THOREAU LN.</b>		Street Address <b>145 THOREAU LN.</b>	
City <b>WAKEFIELD</b>	State <b>R.I.</b>	City <b>WAKEFIELD</b>	State <b>R.I.</b>
Zip <b>02879</b>		Zip <b>02879</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>STEVEN P. FOLLETT</b>		Director Name <b>DONNA M. FOLLETT</b>	
Street Address <b>145 THOREAU LN</b>		Street Address <b>145 THOREAU LN</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	City <b>WAKE</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Director Name <b>HEATHER LYNN FOLLETT</b>		Director Name	
Street Address <b>145 THOREAU LN.</b>		Street Address	
City <b>WAKE</b>	State <b>RI</b>	City	State
Zip <b>02879</b>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>STEVEN P. FOLLETT</b>		Address	
Address <b>145 THOREAU LANE</b>		City <b>WAKEFIELD</b>	Zip <b>02879-</b>

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



130171

**FILED**

File Date

**OCT 15 2007**

Check No.

By 2286

By:

FOR SECRETARY OF STATE USE ONLY

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.

*Steven P. Follett*

Signature of Officer

**9/30/07**

Date

**STEVEN P. FOLLETT**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer