

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.

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1. Corporate ID No.	1 "	2. Name of Corporation							
#159960		Jeffrey A. Charland Memorial Fund							
3. State of Incorporation	4. Corporate ada	dress in Rhode Island - Street	City	Zip					
RI	56 Canning	Street		Cumberland	02864				
5. Foreign corporation. Ent	5. Foreign corporation. Enter principal office address			City State					
6. Brief Description of the cha	racter of the affairs whic	b are actually conducted in R	bode Island						
Cumberland High Scho	ool Wrestling Team	n Scholarships							
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS				
President Name			Vice President Name						
Roberta K. Charland			Daniel F. Charland						
Street Address			Street Address	Street Address					
56 Canning Street			24 Mechanic Stree	24 Mechanic Street					
City	State	Zip	City	State	Ζip				
Cumberland	RI	02864	Wakefield	RI	1				
Secretary Name			Treasurer Name						
Roberta K. Charland			Roberta K.Charland						
Street Address			Street Address						
Same as above			Same as above						
City	State	Zip	City	State	Zip				
8. NAMES AND ADDRE	! ESSES OF THE DIR	 ECTORS: ("X" BOX FOR	 <i>ATTACHMENT</i>)	 ACES BEFORE USING ATTA	 CHMENTS				
			ND) CORPORATION SHALL						
Director Name			Director Name						
Roberta K.Charland			Daniel F. Charland	Daniel F. Charland					
Street Address			Street Address						
56 Canning Street			24 Mechanic Street						
City	State	Ζψ	Cuy	State	Zip				
Cumberland	RI	02864	Wakefield	RI	02879				
Director Name			Director Name						
Steven Gordon									
Street Address			Street Address						
9 Menard Street									
City	State	Zip	City	State	Zip				
Cumberland	RI	02864	1		1 1				
9. REGISTERED AGENT		ID - DO NOT ALTER -	Changes require filing of F	orm 641 - R.I.G.L. 7-6-13 /	7-6-78				
Agent Name			Address						
Address	·		Ctty	Zip					
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inis report r	nust be signed by e	ither the President, Vice	e President, Secretary, Assista	nt Secretary, Treasurer, Rece	eiver or Trustee				

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File Date)				
Check No. APR 2 1	2	908				
By: FOR SECRETARY	4			SE O	NLY	

Under penalty of perjury, I declare and report, including any accompanying sch-	
statements contained herein are true and	
	and
Signature of Officer	Date
ROBERTH K.C.H	ARLAND
Print or Type Name of Officer	
President	
Title of Officer	