

A. Ralph Mollis, Secretary c Corporations L 148 W. Rive

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Providence, RI 0290

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refuto a penalty fee of \$25.00.	is REPORT MUST BE sing to file its annual repor	TYPED OR PRINTED LE rt within the time prescribed by	GIBLY IN BLACK INK y law (R.I.G.L. 7-6-91) is sub	
1. Corporate ID No. 144778 2. Name of Corporation Andrew R. Hoban P	Memorial 50h	Polarship Fund	. Inc.	
State of Incorporation 4. Corporate address in Rhode Island - Street Address 101 ESSCX Rd		City	ystown 0285	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Fundrausing, golf townoments 3 Cholarships to students enring 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR President Name	olled at Uni	N SPACES BEFORE USING A	financial aid to Island, ATTACHMENTS	
Street Address 101 ESSEX Rd.	Street Address	Street Address		
N. Kingstown State RI 240 02850	2 City	State	Ζψ	
Secretary Name Nancy Hoban	Treasurer Name Mark	Kwolek		
Street Address 101 E550 Rd.	Street Address Bi	Street Address Butternut Dr.		
N. Kingstown State RI Zip 02850	7 N.Kingst	own State RI	02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA		N SPACES BEFORE USING A HALL NOT BE LESS THAN :	ATTACHMENTS <u>THREE</u> (3). R.I.G.L. 7-6	
John Hoban	Mark 1			
street Address 101 ESSEX Rd		Atternut Dr.		
V. Kingstown RI 740 0285	Director Name	stown RI	02852	
Naticy Hoban Street Address 101 Fissex Rd	Street Address			
N. Kingstaun State BI 02850	-	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Agent Name John Hoban	Changes require filing Address	of Form 641 - R.I.G.L. 7-6	-13 / 7 - 6- 78	
Address 101 Essex Rd.	No Kin	astrum RT Zip	()2852	

Under penalty of perjury, I declare and affirm that I have examined t report, including any accompanying schedules and statements, and that FILED statements contained herein are true and correct. File Date JUN 20 2008 Check No. By.

FOR SECRETARY OF STATE USE ONLY

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