

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 2. Name of Corporation 95205 DARREN A. SCHONGOLD SCHOLARSHIP FUND 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zib RHODE ISLAND 875 CENTERVILLE ROAD WARWICK 02886 5. Foreign corporation. Enter principal office address City State Ζip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Hold and invest funds for the purpose of awarding scholarships to North Kingstown High School Graduates 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name KENNETH E. SCHONGOLD STEVE SCHONGOLD Street Address Street Address 2522 PIN OAK DRIVE 4 LEO ROAD City State ZipCity State YORK PΑ 17406 **SHARON** MA 02067 Secretary Name Treasurer Name SHERYL SCHONGOLD KENNETH E. SCHONGOLD Street Address Street Address 2522 PIN OAK DRIVE 2522 PIN OAK DRIVE City State ZipCityState Ζip YORK PA 17406 l York PA 17406 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Director Name JOHN PAYNE **KEITH KENYON** Street Address Street Address 150 FAIRWAY DRIVE 150 FAIRWAY DRIVE City State ZipZipNorth Kingstown RI 02852 North Kingstown RI 02852 Director Name Director Name **GERALD FOLEY** Street Address Street Address 150 FAIRWAY DRIVE City State Zip City State Z(p)North Kingstown RI 02852 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

Title of Officer

File Date	FILED
Check No.	MAY 1 8 2009
Ву:	By GOR SECRETARY OF STATE USE ONLY
	OR SECRETARY OF STATE USE ONLY

95205

	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 hereing are true and forget.	s 1
ee	Signature of Officer Stary Date	<u> </u>
	KENNETH E. SCHONGOLD Print or Type Name of Officer	_
	President	