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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 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		
- 209631 -	HIBERNIAN SCHOLARSHIP TRUST, Inc		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 2 Wellington Ave	City: Newport	Zip: 02840
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
Distribute scholarship monies to accepted applicants

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: John L Sweeney			Vice President Name:		
Street Address: 2 Wellington Ave			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:
Secretary Name: Peter Martin			Treasurer Name: Mark Woods		
Street Address: 2 Wellington Ave			Street Address: 2 Wellington Ave		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

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: John L Sweeney			Director Name: Peter Martin		
Street Address: 2 Wellington Ave			Street Address: 2 Wellington Ave		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840
Director Name: Thomas Kane			Director Name:		
Street Address: 2 Wellington Ave			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:

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

[redacted]

[redacted]

File Date: FILED
Check No. JUN 10 2009
By: By 5845
FOR SECRETARY OF STATE USE ONLY

34885-21-366565

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.

John L Sweeney — 8 Jun 09
Signature of Officer — *Date*

John L Sweeney
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 631 Rev. 09/17