

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				
128439	THE KERRI LYNN BESSETTE FEMALE ATHLETIC SCHOLARSHIP FUND, INC.				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
RHODE ISLAND	78 Bedford	Drive		Wakefield	RI 02879
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the charact		•			
To raise, hold and invest	contributed fund	ds for the purpose of aw	arding scholarships in memo	ory of Kerri Lynn Bessette	
7. NAMES AND ADDRESS	ES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	ACES REFORE USING ATTA	ACHMENTS
President Name			Vice President Name		
William R. Bessette			None		
Street Address			Street Address		
78 Bedford Drive					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Secretary Name			Treasurer Name		
Kathleen M. Bessette			Kathleen M. Bessette		
Street Address			Street Address		
78 Bedford Drive			78 Bedford Drive		
City	State	Ζip	$C\mathcal{U}_{\mathcal{Y}}$	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
			ATTACHMENT) FILL IN SP.		
	TORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	L NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
William R. Bessette			Scott D. Bessette		
Street Address			Street Address		
78 Bedford Drive			311 Ridgewood Drive		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Mystic	CT	06355
Director Name			Director Name		
Kathleen M. Bessette			None		
Street Address			Street Address		
78 Bedford Drive					
City	State	Zip	City	State	Zip
Wakefield	RI	02879	l		
9. REGISTERED AGENT IN	N RHODE ISLAN	ND			
This information is currently	of record in the	Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78
This report mu	st be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Re	ceiver or Trustee

1 28439	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-18-09	statements contained herein for the and correct. Signature of Officer Signature of Officer
By:	William R. Bessette Print or Type Name of Officer President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17