

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 209

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 only

penalty fee of \$25.00.	is unnual report within the time pr	escribed by law (R.I.G.L. 7	-6-91) is subject to a	
1. Corporate ID No. 30024 Rhode Is land District 3. State of Incorporation 4. Corporate address in Whode Island Street Address	T #3 Scholars	hip Funo.	Inc	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhode Island - Street Address Address St.	N	CiÚ.	Zip	
5. Foreign corporation. Enter principal office address	City	WAKWICK	02889	
		Mule	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Is	land		<u></u>	
Provide Scholarship FUNDS	to MEMBERS of	4		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACK	HMENT) 🔲 FILL IN SPACES B	EFORE USING ATTAC	HMENTS	
KENNETH R. Johnson Six	Vice President Name	OHE		
43 Holden St.	Street Address	······································		
WARWICK State R. I D2889	City	State	Zip	
Blanche Richmonp	Treasurer Name JUNEPA	10 CRILLIS	- N	
Street Address 63 GREENWOOD AVE	Street Addmin	MONT Rd		
RUM FORD R. I 210 29/6 8. NAMES AND ADDRESSES OF THE DIRECTORS: CX BOX FOR ATTAC	CRANSTON	State R. I	02910	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN TUBER (2). BY CARRY				
Director Name	Director Name	<u>SE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Street Address	BEVERLY CI	ANGARANI	•	
City, 12 State 2 - ZID	Street Address 28 MAST	ST		
WARWICK R.I. 210 02889	JAMESTOWN	State R. Q.	102835	
ZdwARD Kichmonp	Director Name		17205-	
Street Address 63 G-REENWOOD AVE	Street Address			
PUMFORD RI Zip 02916 9. REGISTERED AGENT IN RHODE ISLAND	City	State	Zip	
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 of Trustee				

	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.
File Date FILED Check MUN 1 8 2009	Blanche L. Richmond 6/14/09 Signature of Officer Date
By: By /5-9	BLANCHE. L. RICHMOND Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	SECRETARY Title of Officer