

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615

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.

401.222.3040

penalty fee of \$25.00.	-6-94, each corporation	jailing or rejusing to jue its	annual report within the time pres	cribea by law (R.I.G.L. 7-c	5-91) is subject to a	
1. Corporate ID No. 33917	2. Name of Corporation SCITUATE	School Bu	s Owners C	lub	er ek e	
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Chode ISLAND	224A Ce	enteal Pike	PO. BOX 187	No Scituate	02857	
5. Foreign corporation. Enter principal office address			City	State	Ζip	
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	and X 4hru 5	J.,		
Scirvate Scho	ol Pous SAF	zty / kogiam	2 mi v s			
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS	
President Name			Vice President Name			
SARAH C Collins			RAYMOND BLACKMORE			
Street Address 224A Central Pixe			Street Address 1367 Chopmist Hill Rd.			
N. Seitvale	State R.I	Zip 0.857	N. Scituate	State R. I.	Zip 8 28 57	
Secretary Name			Treasurer Name			
KAYMOND L	B/ACKMORE	<u>,</u>	SARAH C Collins			
1.367 Chopmist HIRd			Street Address 224A Central Pike			
N. Scetuak	State R. I.	02857	N Scetu A Le	State R. I.	82857	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECT	ORS OF A DOMESTI	C (RHODE ISLAND) (-	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name ESHER BUGGS			Charces A Collins			
Street Address			Street Address			
6 Clinton Ave			224B CENTRAL PIKE			
tope	State R. I.	02831	NScetuate	State R.I.	02857	
Julia M Papineau		Director Name				
pirter Address Central Pile			Street Address			
N. Serfiale	State L. I	Zip 02857	City	State	Zip	
9. REGISTERED AGENT IN	RHODE ISLAND	•				
This information is currently	of record in the Office	e of the Secretary of State	e. Changes require filing of Form	n 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

	report, including any accor
File Date FILED	statements contained herei
Check No. JUL 16 2009	Signature of Officer SARAH C
By: By 254	Print of Type Name of Office Resibent
POR SECRETARY OF STATE USE ONLY	Tule of Officer

Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and states	
statements contained herein are true and correct.	6/29/09
Signature of Officer	Date
SARAH C Collins	
Print on Type Name of Officer	
President	
Tule of Officer	rm 631 Rev. 09/17