



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

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**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. <b>60280</b>		2. Name of Corporation <b>THE EDWARD M. MELUCCI, JR. SCHOLARSHIP FUND, INC.</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>1420 CHOPMIST HILL ROAD</b>	
		City <b>NORTH SCITUATE</b>	Zip <b>02857-1622</b>
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 <b>TO RAISE MONEY REVIEW OR CHANGE CRITERIA FOR SCHOLARSHIP ELIGIBILITY, CONTRACT FOR ADMINISTRATION OF THE SCHOLARSHIP FUND.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>LAWRENCE S. GROFF</b>		Vice President Name <b>EDWARD M. MELUCCI</b>	
Street Address <b>1420 CHOPMIST HILL ROAD</b>		Street Address <b>12 CHIFFSIDE DRIVE</b>	
City <b>NORTH SCITUATE</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02865</b>	
Secretary Name <b>PATRICIA MELUCCI</b>		Treasurer Name <b>RUSSELL M. BARLOW, SR.</b>	
Street Address <b>12 CHIFFSIDE DRIVE</b>		Street Address <b>3 NOTTINGHAM DRIVE</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>LAWRENCE S. GROFF</b>		Director Name <b>EDWARD M. MELUCCI</b>	
Street Address <b>1420 CHOPMIST HILL ROAD</b>		Street Address <b>12 CHIFFSIDE DRIVE</b>	
City <b>NORTH SCITUATE</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02865</b>	
Director Name <b>PATRICIA MELUCCI</b>		Director Name <b>RUSSELL M. BARLOW, SR.</b>	
Street Address <b>12 CHIFFSIDE DRIVE</b>		Street Address <b>3 NOTTINGHAM DRIVE</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
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

**FILED**

File Date

**JUN 20 2011**

Check No.

By: **BY 450**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

**LAWRENCE S. GROFF**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer