



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 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.<br><b>153015</b>                                                                                                         |                    | 2. Name of Corporation<br><b>Richard D.Salzillo Memorial Scholarship Fund</b>      |                                                 |                         |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                             |                    | 4. Corporate address in Rhode Island - Street Address<br><b>1304 Atwood Avenue</b> |                                                 | City<br><b>Johnston</b> | Zip<br><b>02919</b> |
| 5. Foreign corporation. Enter principal office address                                                                                       |                    |                                                                                    |                                                 | City                    | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><input checked="" type="checkbox"/>     |                    |                                                                                    |                                                 |                         |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                    |                                                                                    |                                                 |                         |                     |
| President Name<br><b>Albert A. Salzillo</b>                                                                                                  |                    |                                                                                    | Vice President Name<br><b>Patricia Salzillo</b> |                         |                     |
| Street Address<br><b>41 Shore Drive</b>                                                                                                      |                    |                                                                                    | Street Address<br><b>35 Inkberry Trail</b>      |                         |                     |
| City<br><b>Johnston</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                | City<br><b>Narragansett</b>                     | State<br><b>RI</b>      | Zip<br><b>02881</b> |
| Secretary Name                                                                                                                               |                    |                                                                                    | Treasurer Name                                  |                         |                     |
| Street Address                                                                                                                               |                    |                                                                                    | Street Address                                  |                         |                     |
| City                                                                                                                                         | State              | Zip                                                                                | City                                            | State                   | Zip                 |
| 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<br><b>Albert A. Salzillo</b>                                                                                                   |                    |                                                                                    | Director Name<br><b>Patricia Salzillo</b>       |                         |                     |
| Street Address<br><b>41 Shore Drive</b>                                                                                                      |                    |                                                                                    | Street Address<br><b>35 Inkberry Trail</b>      |                         |                     |
| City<br><b>Johnston</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                | City<br><b>Narragansett</b>                     | State<br><b>RI</b>      | Zip<br><b>02881</b> |
| Director Name<br><b>Steven M. Placella</b>                                                                                                   |                    |                                                                                    | Director Name                                   |                         |                     |
| Street Address<br><b>1304 Atwood Avenue</b>                                                                                                  |                    |                                                                                    | Street Address                                  |                         |                     |
| City<br><b>Johnston</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                | 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

**FILED**

File Date **JUL 25 2011**

Check No. **RY 170**

By: **RY 170**

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.

**Albert A. Salzillo** 7/6/2011  
Signature of Officer Date

**President**  
Print or Type Name of Officer

**Albert A. Salzillo**  
Title of Officer