

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Comparing District   Compari	* In accordance with R.I.	1 - June 30 • Filing F .G.L. 7-6-94, each corpo	Fee: \$20.00* • THIS RE tration failing or refusing to	PORT MUST BE TYPED Of file its annual report within the t	R PRINTED LEGIBLY IN B time prescribed by law (R.I.G.L.	LACK INK. 7-6-91) is subject to a	
Point Judith Fishermen's Scholarship Fund, Inc.	penalty fee of \$25.00.	2 Name of Cody	Lengt Total				
Rhode Island PO Box 386  Serving corporation. The principal affice solities  Serving corporation. The principal affice solities  Serving corporation of the chamber of the offens within one extends or induced to Bhade Member  provide educational assistance to families in the fishing industry and in the community by way of scholarship awards  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Therefore Variety  Michael Haas  James Fox  Street Address  471 Main Street  472 March datess  474 Modern March  March dates  475 March datess  476 Modern March  Andrea Incollingo  Street Address  Street	•						
Servicing composition   Direct principal effect whereasts   City   Shale   Provide educational assistance to families in the fishing industry and in the community by way of scholarship awards	3. State of Incorporation	4. Corporate add	tress in Rhode Island - Street s	Address	City	Zip	
Foreign corporation   Date principal effect address   Cally   South   Provide address   Cally   South   Provide address   Provide addres	Rhode Island	PO Box 386	3		Narragansett	02882	
provide educational assistance to families in the fishing industry and in the community by way of scholarship awards  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    International Value				City			
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Victor Persident Name   James Fox					y of scholarship awards		
James Fox	7. NAMES AND ADDI	RESSES OF THE OFF	TICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS	
Minest Address  A71 Main Street  24 Woodruff Avenue  24 Woodruff Avenue  24 Woodruff Avenue  25 Wakefield  RI 02879 Wakefield RI 02879  Wakefield RI 02879  Wakefield RI 02879  Wakefield RI 02879  Andrea Incollingo  Street Address  525 Kingstown Rd.  Street Address  525 Kingstown Rd.  Street Address  S25 Kingstown Rd.  Street Address  S25 Kingstown Rd.  Street Address  S26 Kingstown Rd.  Street Address  S27 Kingstown Rd.  Street Address  S28 Kingstown Rd.  Street Address  S28 Kingstown Rd.  Street Address  S29 Kingstown Rd.  Street Address  S20 Kingstown Rd.  S20 Mate  S20 Mate  S21 Name  S22 Kingstown Rd.  S25 Kingstown Rd.  S26 Kingstown Rd.  S27 Mate  S28 EBEORE USING ATTACHMENTS  STREET Name  S28 STREET AND THREE (3). R.L.G.L.  STREET Address  S28 Mate  S29 Mate  S29 Mate  S20 Mate  S21 Mate  S20 Mate  S20 Mate  S21 Mate  S21 Mate  S21 Mate  S22 Mate  S24 Mate  S25 Mate  S25 Mate  S27 Mate  S27 Mate  S28 Mate  S28 Mate  S28 Mate  S28 Mate  S29 Mate  S20 Mate  S21 Mate  S20 Mate  S21 Mate  S21 Mate  S21 Mate  S21 Mate  S21 Mate  S22 Mate  S23 Mate  S24 Mate  S25 Mate  S25 Mate  S26 Mate  S27 Mate  S28 Mate  S29 Mate  S28 Mate  S28 Mate  S29 Mate  S29 Mate  S29 Mate  S20 Mate  S20 Mate  S20 Mate  S20 Mate  S20 Mate  S20 Mate  S21 Mate  S20 Mate	resident Name			Vice President Name			
April   Apri	Michael Haas			James Fox			
Makefield RI 02879 Wakefield RI 02879  Wakefield RI 02879 Wakefield RI 02879  Wakefield RI 02879  Wakefield RI 02879  Wakefield RI 02879  Andrea Incollingo  Street Address 525 Kingstown Rd.  Street Address 525 Kingstown Rd.  Street Address 525 Kingstown Rd.  RI 02892 Richmond RI 02	Street Address			<b>1</b>			
Wakefield RI 02879 Wakefield RI 02879  Norretary Name Andrea Incollingo Andrea Incollingo Andrea Incollingo  Street Address  525 Kingstown Rd.  City State RI 02892 Richmond RI 02892 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.L.G.L. Director Name Same as above  Same as above  Street Address  City Matter  City Matter  Director Name Same as above  Rodman Sykes  Nevet Address  Nevet Address  Director Name Same as above  Rodman Sykes  Director Name Same As above  Nevet Address  Director Name Rod Ri D2879  PA Ministerial Road  City Wakefield  RI D2879  PA 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.L.G.L. 7-6-13/747-78		State	Zip	Clty:	State	Zip	
Andrea Incollingo  Street Address  525 Kingstown Rd.  Street Address  526 Kingstown Rd.  Street Address  Street Addre	-	RI	02879	······································	RI	02879	
Street Address   Stre	•						
S25 Kingstown Rd.   Suite   Sup   City   State   Sup   O2892   Richmond   RI   O2879   Richmond							
Richmond RI 02892 Richmond RI 02892 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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. Director Name Same as above Soved Address  City State Zip City State  Director Name Rear as above  Street Address  Street Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/746-78  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/746-78  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/746-78  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/746-78  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/746-78							
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Director Name  Same as above  State  State  Zip  City  State  Director Name  Rodman Sykes  Street Address  Street Address  Street Address  Director Name  Same as above  Rodman Sykes  Street Address  Street Address  Street Address  Street Address  Director Name  Rodman Sykes  Street Address  Street Address  1974 Ministerial Road  City  State  Vakefield  RI  D2879  P. 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	3. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING ATTA	CHMENTS	
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Street Address  City State  Street Address  Str							
City State Zip City State Zip  Director Name Same as above Rodman Sykes  Street Address  Street Address  1974 Ministerial Road  City State Wakefield RI  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. 7-6-13/7-81-78							
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Same as above  Street Address  1974 Ministerial Road  City  State  Wakefield  RI  102879  P. 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. 7-6-13/7-47-78	Director Name			Director Name		<b>3</b> (7)	
Street Address  1974 Ministerial Road  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/740-78							
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer. Receiver or Trustee	This information is cu	rrently of record in the	e Office of the Secretary	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-1	3/7-6-78 吴玉	
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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 12-2-11

cononia Signature of Officer

<u>Andrea Incollingo</u> Print or Type Name of Officer

Secretary/Treasurer Title of Officer

Form 631 Rev. 09/17

Date