

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 1997

Filing Period: June 1 -  * In accordance with R.I.G. penalty fee of \$25.00.	- June 30 • Filing Fee .L. 7-6-94, each corporat	e: \$20.00* • THIS REI tion failing or refusing to	PORT MUST BE TYPED OR file its annual report within the tir	PRINTED LEGIBLY IN BI	LACK INK. 7-6-91) is subject to a
I. Corporate ID No.	2 Name of Corporation				
0070561	Point Judith Fishermen's Scholarship Fund, Inc.				
3. State of Incorporation	4. Corporate address	s in Rhode Island - Street A	ddress	City	Ztp
Rhode Island	PO Box 386			Narragansett	02882
5. Foreign corporation. Enter principal office address			Сйу	State	Zip
6. Brief Description of the char	varior of the affaux which a	re actually conducted in Rb	onte Isiand		
			and in the community by way	of scholarship awards	
7 NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR A	TACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Michael Haas			James Fox		
			Street Address		
Street Address			24 Woodruff Avenue		
471 Main Street		Ζψ	City	State	Zip
City NAT-1	State	1 '		RI	02879
Wakefield	RI	02879	Wakefield Treasurer Name	IN	102013
Secretary Name			Andrea Incollingo		
Susan Roebuck					
Street Address 115 Point Avenue			Street Address 525 Kingstown Rd.		
City	State	Zιψ	City	State	$Z\psi$
Wakefield	RI	02879	Richmond	RI	02892
Director Name  Lucy Fox  Street Address			Director Name  Carl Webster  Street Address		
245 Woodruff Avenue			7 Haven Street		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Narragansett	RI	02882
David Roebuck			Pirector Name Rodman Sykes		
Street Address			Street Address COL		
115 Point Avenue			1974 Ministerial Ro	oad	
City	State	Ztp	City	State	<b>B</b> //
Wakefield 9. REGISTERED AGEN	RI 02879 t in rhode island		Wakefield	RI	02879
This information is curre	ently of record in the C	Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7- <b>益</b> 8
This report	must be signed by eit	FILI		ant Secretary, Treasurer. Rec	or Trastice
		DEC O	5 <b>2</b> 011		
0	07056	1 By_	Under penalty of report including	of perjury. I declare and affirm	that I have examined that
				ained herein are true and correct	

File Date \_ Check No. \_ FOR SECRETARY OF STATE USE ONLY Date

Signature of Officer

Andrea Incollingo Print or Type Name of Officer

Treasurer

Title of Officer

Form 631 Rev. 09/17