



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>304900</u>		2. Exact name of the Corporation <u>WEST WARWICK SCHOLARSHIP FUND, INC.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>ANNUAL DONATIONS ARE RECEIVED FOR SCHOLARSHIPS TO BE PRESENTED TO GRADUATING SENIORS AT WEST WARWICK HIGH SCHOOL</u>			
5. Principal office address <u>WEBSTER - KNIGHT DRIVE</u>			City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JOHN S. BRUNERO JR.</u>			Vice-President Name		
Street Address <u>MAIN ST.</u>			Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name <u>CLAUDETTE GUILLEMETTE</u>			Treasurer Name <u>PATRICIA A. DOYLE-CHATELLE</u>		
Street Address <u>c/o PIKE ST.</u>			Street Address <u>107 LEXINGTON AVE</u>		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>JOHN S. BRUNERO, JR</u>			Director Name <u>PATRICIA A. DOYLE-CHATELLE</u>		
Street Address <u>MAIN ST.</u>			Street Address <u>107 LEXINGTON AVE</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
Director Name <u>CLAUDETTE GUILLEMETTE</u>			Director Name		
Street Address <u>c/o PIKE ST.</u>			Street Address		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Patricia A. Doyle-Chatelle 6/12/12
 Signature of Officer Date

PATRICIA A. DOYLE-CHATELLE
 Print or Type Name of Officer

TREASURER
 Title of Officer