



**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. 533038		2. Exact name of the Corporation Deanna M. Brule Educational Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To sponsor events and provide scholarships			
5. Principal office address 160 Kickemuit Road			City Warren	State RI	Zip 02885
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Paul E. Brule			Vice-President Name Dianne J. Brule		
Street Address 160 Kickemuit Road			Street Address 106 Kickemuit Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Lisa M. Cardina			Treasurer Name Lisa M. Cardina		
Street Address 527 Estherbrook Avenue			Street Address 527 Estherbrook Avenue		
City Dighton	State MA	Zip 02715	City Dighton	State MA	Zip 02715
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name SEE ATTACHED LIST			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

**FILED**

File Date JUL 02 2012

Check No \_\_\_\_\_  
 BY [Signature] 29-174029  
 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] 5-30-12  
 Signature of Officer Date

PAUL E. BRULE  
 Print or Type Name of Officer  
President  
 Title of Officer

LISTING OF DIRECTORS OF DEANNA M. BRULE EDUCATIONAL FUND

Title	Individual Name	Address
DIRECTOR	Paul E. Brule	160 Kickemuit Road Warren, RI 02885
DIRECTOR	Dianne J. Brule	160 Kickemuit Road Warren, RI 02885
DIRECTOR	Lisa M. Cadima	527 Estherbrook Ave Dighton, MA 02715
DIRECTOR	Tara M. Maloney	501 Metacom Ave Warren, RI 02885
DIRECTOR	David P. Brule	160 Kickemuit Road Warren, RI 02885