



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. 27196		2. Exact name of the Corporation The Frederick J. Benson Scholarship Fund, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island college scholarships for Block Island School graduates			
5. Principal office address 123 Ocean Ave - P.O. Box 276		City Block Island	State RI	Zip 02807	
President Name Michele Phelan			Vice-President Name David Milner		
Street Address P.O. Box B-2			Street Address P.O. Box 507		
City BI	State RI	Zip 02807	City BI	State RI	Zip 02807
Secretary Name Ruth Vann			Treasurer Name Maureen Quackenbush		
Street Address P.O. Box 105			Street Address P.O. Box 312		
City BI	State RI	Zip 02807	City BI	State RI	Zip 02807
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 John Desmarais			Director Name Blake Phelan		
Street Address P.O. Box 10			Street Address P.O. Box B-2		
City BI	State RI	Zip 02807	City BI	State RI	Zip 02807
Director Name Scott Fowler			Director Name John Jacobsen		
Street Address P.O. Box 652			Street Address P.O. Box 273		
City BI	State RI	Zip 02807	City BI	State RI	Zip 02807
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
 JUL 03 2012
 459
 BY _____

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.

Michele Phelan 7-1-12
 Signature of Officer Date
Michele Phelan
 Print or Type Name of Officer
President
 Title of Officer