



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 2013

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. <b>27344</b>		2. Exact name of the Corporation <b>The Giovanni Folcarelli Memorial Scholarship Fund Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Fund Raising and Scholarship Distribution</b>			
5. Principal office address <b>1179 Charles St</b>		City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Gloria A. Prevost</b>		Vice-President Name			
Street Address <b>1179 Charles St</b>		Street Address			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Santa C. Almeida</b>		Director Name <b>John Burns</b>			
Street Address <b>1179 Charles St</b>		Street Address <b>1179 Charles St</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>J. Michael Downey</b>		Director Name			
Street Address <b>1179 Charles St</b>		Street Address			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	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 \_\_\_\_\_

FILED

Check No \_\_\_\_\_

JUN 20 2013

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY BY 187

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.

*Gloria A. Prevost*

6/18/2013

Signature of Officer

Date

Gloria A. Prevost

Print or Type Name of Officer

President

Title of Officer