



**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. 792266		2. Exact name of the Corporation Scottie Wright Memorial Fund			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island non profit helping Children & Families in need			
5. Principal office address 105 North Main St		City Slatersville	State RI	Zip 02876	
President Name Scott Wright Sr		Vice-President Name Scott Mancini			
Street Address 105 North Main St		Street Address 2282 Douglas Turnpike			
City Slatersville	State RI	Zip 02876	City Narrisville	State RI	Zip 02830
Secretary Name Stephanie Wright		Treasurer Name Jan Gosselin			
Street Address 105 North Main St		Street Address			
City Slatersville	State RI	Zip 02876	City No. Smithfield	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS <input type="checkbox"/> (X) BOX FOR ATTACHMENT					
Director Name Christine J. Wright		Director Name Amy Wright			
Street Address 105 North Main St		Street Address 91 North Main St			
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Director Name Gregory Mahoney		Director Name Patty Mowry			
Street Address 15 Mahoney Dr		Street Address Homecrest Ave			
City Hope	State RI	Zip 02831	City No. Smithfield	State RI	Zip 02896
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 BY 159

**FILED**

**DEC 30 2013**

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.

Scott Wright 12/4/13  
 Signature of Officer Date

Scott Wright President  
 Print or Type Name of Officer

President  
 Title of Officer