



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 26738		2. Exact name of the Corporation Elizabeth P. Hussey Memorial Nursing Scholarship Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To expand the educational opportunities for residents of Middletown, RI in the field of nursing			
5. Principal office address 281 Green End Ave		City Middletown	State RI	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Victorie Picard			Vice-President Name Leonard Silvia		
Street Address Girard Avenue			Street Address 281 Green End Ave		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Amy Ruggiero			Treasurer Name Prudence Silvia		
Street Address 287 Green End Ave			Street Address 281 Green End Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Victorie Picard			Director Name Leonard Silvia		
Street Address Girard Avenue			Street Address 281 Green End Ave		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Amy Ruggiero			Director Name Prudence		
Street Address 287 Green End Ave			Street Address 281 Green End Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

MAY 19 2014

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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.

Prudence Silvia
 Signature of Officer or Authorized Representative

5/16/14
 Date

FOR SECRETARY OF STATE USE ONLY

PRUDENCE SILVIA

Print or Type Name of Officer or Authorized Representative