



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. 30024		2. Exact name of the Corporation Rhode Island District #3 Scholarship Fund, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Scholarships for Students entering College			
5. Principal office address 43 Holden ST		City WARWICK	State R.I.	Zip 02889	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NANCY R. MENDIZBAL			Vice-President Name CRAIG A. HALVARSON		
Street Address 333 Douglas Hook Rd.			Street Address 229 ORCHARD ST.		
City Chepachet	State R.I.	Zip 02814	City CRANSTON	State R.I.	Zip 02910
Secretary Name KAREN Soderberg-Gomez			Treasurer Name JUNE McCRILLIS		
Street Address 24 CREST MONT DR.			Street Address 105 BRIAR Hill Dr		
City CAROLINA	State R.I.	Zip 02872	City CRANSTON	State R.I.	Zip 02921
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 Kenneth R. Johnson, Sr			Director Name LISA J. JOHNSON		
Street Address 43 Holden STREET			Street Address 4 Underwood Ave		
City WARWICK	State R.I.	Zip 02889	City Boylston	State MA.	Zip 01505
Director Name ERIC MATTSON			Director Name		
Street Address 182 VINEYARD Rd			Street Address		
City WARWICK	State R.I.	Zip 02889	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, duly Authorized Representative, Receiver or Trustee

FILED

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.

File Date _____

MAY 19 2014

Check No _____

By: _____

BY

Kenneth R. Johnson, Sr 5-14-14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Kenneth R. Johnson, Sr DIRECTOR
 Print or Type Name of Officer or Authorized Representative