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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.	2. Exact name of the Corporation
107539	**SABRINA CONTI SCHOLARSHIP FUND**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **ESTABLISHING A SCHOLARSHIP FUND IN THE MEMORY OF THE LATE SABRINA CONTI.**

5. Principal office address	City	State	Zip
16 ROLLINGWOOD DRIVE	**JOHNSTON**	**RI**	**02919**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
ERASMO CONTI			**LUCIA CONTI**		
Street Address **1811 ATWOOD AVENUE**			Street Address **1811 ATWOOD AVENUE**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**
Secretary Name **ANTHONY J MARTONE JR**			Treasurer Name **ANTHONY J MARTONE JR**		
Street Address **16 ROLLINGWOOD DRIVE**			Street Address **16 ROLLINGWOOD DRIVE**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
ANTHONY J MARTONE JR			**ERASMO CONTI**		
Street Address **16 ROLLINGWOOD DRIVE**			Street Address **1811 ATWOOD AVENUE**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**
Director Name **LUCIA CONTI**			Director Name		
Street Address **1811 ATWOOD AVENUE**			Street Address		
City **JOHNSTON**	State **RI**	Zip **02919**	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

2014 MAY 21 AM 11:21
CORPORATIONS DIV
SECRETARY OF STATE

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 21 2014
BY 224646
11:23

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.

Anthony J. Martone Jr. — 05-20-2014
Signature of Officer or Authorized Representative — Date

ANTHONY J MARTONE JR
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

106702-2-930206