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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
81638	MAYOR G RICHARD FOSSA CHARITABLE / SCHOLARSHIP FUND
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: DONATIONS TO VARIOUS ORGANIZATIONS + SCHOLARSHIPS

5. Principal office address	City	State	Zip
65 BELLEVUE AVE	NO. PROV.	R.I.	02911

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

President Name	Street Address	City	State	Zip
G. RICHARD FOSSA	65 BELLEVUE AVE.	NO. PROV.	R.I.	02911

Vice-President Name	Street Address	City	State	Zip
RICHARD D. FOSSA	4942 TOWER HILL RD.	So. Kingstown	R.I	02879

Secretary Name	Street Address	City	State	Zip
LORNA FOSSA MORETTI	8 CONNORS FARM DR.	SMITHFIELD	R.I.	02917

Treasurer Name	Street Address	City	State	Zip
LORNA FOSSA MORETTI	SAME			

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

Director Name	Street Address	City	State	Zip
G RICHARD FOSSA	SAME			

Director Name	Street Address	City	State	Zip
RICHARD D FOSSA	SAME			

Director Name	Street Address	City	State	Zip
LORNA FOSSA MORETTI	SAME			

Director Name	Street Address	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
MAY 22 2014
BY 6379

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

G. Richard Fossa
Signature of Officer or Authorized Representative Date

G. RICHARD FOSSA
Print or Type Name of Officer or Authorized Representative

106754-4-961637