



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000791327

**2. Name of Corporation** ROCK-PAPER-SCISSORS CHILDRENS' FUND, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 38 ASA POND ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ASSIST AND SUPPORT CHILDREN AND EDUCATIONAL OPPORTUNIES IN VIETNAM

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SARA STEVENS NERONE	38 ASA POND RD WAKEFIELD, RI 02879 USA
SECRETARY	BETSY ROSENGARDEN	P.O. BOX 12 HARLAND FOUR CORNERS, VT 05049 USA
DIRECTOR	PATRICK JAMES OBRIEN JR	38 ASA POND RD

		WAKEFIELD, RI 02879 USA
DIRECTOR	DANA FILIPPINI	76 OLD USQUEPAUGH ROAD WEST KINGSTON, RI 02892 USA
DIRECTOR	LUU THI PHAN	24334 16TH AVE SO. DES MOINES, WA 98198 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SARA STEVENS NERONE 38 ASA POND ROAD WAKEFIELD , RI 02879

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of June, 2014 at 5:42:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By SARA NERONE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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