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
70561	Point Judith Fishermen's Scholarship Fund, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	fundraising for educational scholarship awards

5. Principal office address	City	State	Zip
PO Box 386	Narragansett	RI	02882

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

President Name			Vice-President Name		
Michael Haas			Rodman Sykes		
Street Address			Street Address		
21 Riverview Drive			1974 Ministerial Road		
City	State	Zip	City	State	Zip
Wood River Junction	RI	02894	Wakefield	RI	02879
Secretary Name			Treasurer Name		
Andrea Incollingo			Andrea Incollingo		
Street Address			Street Address		
525 Kingstown Road			525 Kingstown Road		
City	State	Zip	City	State	Zip
West Kingston	RI	02892	West Kingston	RI	02892

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		
Howard Follett			Karen Follett		
Street Address			Street Address		
343 Winchester Drive			343 Winchester Drive		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Director Name			Director Name		
Wendy Woodmansee					
Street Address			Street Address		
12 Walnut Street					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			

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 _____ JUN 1 1 2014

Check No _____ BY 1207

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.

Andrea Incollingo 06/10/2014

Signature of Officer or Authorized Representative — Date

Andrea Incollingo

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014