



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. 27344		2. Exact name of the Corporation The Giovanni Folcarelli Memorial Scholarship Fund Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fund Raising and Scholarship Distribution			
5. Principal office address 1179 Charles St		City North Providence		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gloria A. Prevost		Vice-President Name			
Street Address 1179 Charles St.		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Santa C. Almeida		Director Name John Burns			
Street Address 1179 Charles St		Street Address 1179 Charles St			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name J. Michael Downey		Director Name			
Street Address 1179 Charles St		Street Address			
City North Providence	State RI	Zip 02904	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

JUN 12 2014

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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.

Gloria A. Prevost
Signature of Officer or Authorized Representative

6/10/14
Date

Gloria A. Prevost
Print or Type Name of Officer or Authorized Representative
President