



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. 533038		2. Exact name of the Corporation Deanna M. Brule Educational Fund			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fund Raising for schlarships			
5. Principal office address 160 Kickemuit Road		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul E. Brule		Vice-President Name Dianne J. Brule			
Street Address 160 Kickemuit Road		Street Address 160 Kickemuit Road			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Lisa Cadima		Treasurer Name Lisa Cadima			
Street Address 527 Estherbrook Avenue		Street Address See Above			
City Dighton	State MA	Zip 02715	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 Paul E. Brule		Director Name Dianne J. Brule		2014 JUL - 8 PM 2:42	
Street Address See Above		Street Address See Above		CORPORATIONS DIV	
City	State	Zip	City	State	Zip
Director Name Tara Maloney		Director Name David Brule		2014 JUL - 8 PM 2:42	
Street Address 501 Metacom Avenue		Street Address 160 Kickemuit Road		CORPORATIONS DIV	
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 08 2014

BY 228038

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.

Lisa M Cadima 6/25/2014
 Signature of Officer or Authorized Representative Date

Lisa M Cadima
 Print or Type Name of Officer or Authorized Representative