



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. 000083986		2. Exact name of the Corporation MLK, JR. Charitable Scholarship PkF fund, Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address PO BOX 28782		City Providence	Zip 02908
5. Foreign corporation. Enter principal office address				City	State Zip
6. Brief description of the character of business conducted in Rhode Island Yearly fundraising event to award scholarships to Rhode Island students					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Walton			Vice-President Name Barbara Fuller		
Street Address PO Box 2203			Street Address 66 Swan Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02914
Secretary Name Joseph R. Brady			Treasurer Name Joseph Brady		
Street Address 10 Halsey Street			Street Address 10 Halsey Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. 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 Cedric Huntley			Director Name Christopher Boyle		
Street Address 325 Public Street			Street Address PO Box 1386		
City Providence	State RI	Zip 02905	City Newport	State RI	Zip 02840
Director Name Jason Towler			Director Name		
Street Address 333 Niantic Avenue			Street Address		
City Cranston	State RI	Zip 02907	City	State	Zip
9. 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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 30 2014

BY CA 229451

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.

Signature of Officer: Joseph R. Brady Date: 5/28/14
 Print or Type Name of Officer: Joseph R. Brady
 Title of Officer: Secretary / Treasurer