



**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. 000075268

2. Name of Corporation The Ryan Andrew Wingren Scholarship Fund

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: BLISH & CAVANAGH
30 EXCHANGE TERRACE

City or Town: PROVIDENCE State: RI Zip: 02903 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 AWARD SCHOLARSHIPS FOR POST-SECONDARY EDUCATION TO HIGH SCHOOL STUDENTS WHO EXHIBIT QUALITIES OF LEADERSHIP, SCHOLARSHIP AND COMMUNITY SERVICES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	PAMELA J WINGREN	434 N. QUIDNESSETT RD NORTH KINGSTOWN, RI 02852 USA

VICE PRESIDENT	JOHN C WINGREN	434 N QUIDNESSETT RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BETHANY L WINGREN	155 N QUIDNESSETT RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CHAD R WINGREN	339 HOG HOUSE HILL ROAD EXETER, RI 02822 USA
DIRECTOR	CHRISTOPHER J WINGREN	155 N QUIDNESSETT RD NORTH KINGSTOWN, RI 02852 USA

**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**

JOSEPH V. CAVANAGH, JR. BLISH & CAVANAGH 30 EXCHANGE TERRACE PROVIDENCE , RI
02903

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

Signed this 2 Day of December, 2014 at 8:54:58 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 PAMELA J. WINGREN
Signature of Authorized Person

Form No. 631
Revised 09/07

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