



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 **2015**

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. 163909		2. Exact name of the Corporation Chad Thomas O'Brien Scholarship Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide annual monetary scholarship to a Narragansett High School student in memory of Chad Thomas O'Brien			
5. Principal office address 106 Sycamore Lane		City South Kingstown		State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Vincent Vespia		Vice-President Name Rhonda-Ann Vespia			
Street Address 106 Sycamore Lane		Street Address 89 Park Avenue			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Judith-Ann Vespia		Treasurer Name Vincent Vespia			
Street Address 106 Sycamore Lane		Street Address 106 Sycamore Lane			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Tina Peterson		Director Name James Campion			
Street Address 70 Foddering Farm Road		Street Address 8 Weathervane Road			
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879
Director Name John Ford		Director Name			
Street Address 923 Kingstown Road		Street Address			
City South Kingstown	State RI	Zip 02879	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

File Date

MAY 04 2015

Check No

By:

BY 199

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.

Signature of Officer or Authorized Representative

Date

Vincent Vespia - President & Treasurer

Print or Type Name of Officer or Authorized Representative