

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 <u>2015</u>

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.

		DET OF THE HEGGET HAT WESTER LITTLE ! I LE.
1. Entity ID No.	2. Exact name of the Corporation	
26738	ELIZABETH P. HO	USSEY NURSING Scholarship usiness conducted in Rhode Island
State of Incorporation	4. Brief description of the character of bu	usiness conducted in Rhode Island
PA	1	Educational opportunities FOR
77 0	RESIDEMS OF MI	City State 2 Zip
5. Principal office address	0-1-	City M State State
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)		
President Name		Vice-President Name
VICTORIE PICARO		LEONARD SILVIA
Street Address		Street Address
GIRARO AVI		281 GREEN END HVE
NEWPORT	State R. D. Zip 02840	MIDDLETOWN RD Zip 02842
Secretary Name	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Treasurer Name PRUDENCE SILUIA
Street Address	EKO	Street Address
287 GREEN	V CNO AVE	281 GREEN END HUE.
MIDOLETOWN	State Rd Zip 12842	MINDLETOWN State RA Zip 02842
7. LIST <u>ALL</u> DIRECTORS (NAMI ("X" BOX FOR ATTACHMENT		O CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
Director Name	(Director Name
VICTORIE PI	CARO	LEONARD SILVIA
Street Address GIRARD AV	<u> </u>	381 GREEN END AVE
Newport	State PA 02840	City Middle town State & Zip 02842
Director Narive RUGG	FRO	PRUDENCE SILVIA
Street Address	0 0	Street Address
284 OREEA) CHO HUE.	281 GREEN CNO HUE.
Middle town	State RD Zip 2842	City Middle town State 2 202842
8. REGISTERED AGENT IN RHO This information is currently of		State. Changes require filing Form 641.
		y, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver
or Trustee ,		,
*	FILED	
File Date	MAY 1 8 2015	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.
Check No	- 27P	()
By:	BY	Grudency Silvia 5/12/13
		Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE U	ISE ONLY	Parada Silia
		PRUDENCE DILUIA
Form No. 631		Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014