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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.	2. Exact name of the Corporation
29378	COMMUNITY SCHOLARSHIP FUND OF BARRINGTON, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	ALLOCATION OF SCHOLARSHIP AWARDS

5. Principal office address	City	State	Zip
144 WESTMINSTER STREET	PROVIDENCE	RI	02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
KATHY HUNT	DEBRA JEROME
Street Address	Street Address
19 RIVERVIEW DRIVE	41 S. MEADOW LANE
City / State / Zip	City / State / Zip
BARRINGTON / RI / 02806-2535	BARRINGTON / RI / 02806-5003
Secretary Name	Treasurer Name
MARY ALYCE GASBARRO	MARY ANNE SNYDER
Street Address	Street Address
14 ROBBINS DRIVE	4 TEAKWOOD LANE
City / State / Zip	City / State / Zip
BARRINGTON / RI / 02806-2612	BARRINGTON / RI / 02806-3217

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
PATRICK CHEKAL	MARY FEELEY
Street Address	Street Address
46 LINCOLN AVENUE	53 BANCROFT STREET
City / State / Zip	City / State / Zip
BARRINGTON / RI / 02806-2135	PEPPERELL / MA / 01463-1226
Director Name	Director Name
JONATHAN FITTA, ESQ.	
Street Address	Street Address
259 COUNTY ROAD	
City / State / Zip	City / State / Zip
BARRINGTON / RI / 02806	

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 FILED
Check No MAY 28 2015
By:
FOR SECRETARY OF STATE USE ONLY BY 15521

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.

William J Piccerelli 5/26/15
Signature of Officer or Authorized Representative Date

William J. Piccerelli
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 12/2004 4609