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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
31175	The Cranston Veterans' Memorial Scholarship Fund Inc.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Awarding Interest Free Loans to Cranston High School Graduates

5. Principal office address	City	State	Zip
45 Conanicus Rd.	Narragansett	R.I	02882

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

President Name	Vice-President Name
Linda A. Blamires	Nicholas Spolidoro
Street Address	**Street Address**
167 Camp Westwood Rd	19 Elm Drive
City / State / Zip	**City / State / Zip**
Greene / R.I / 02827	Cranston / RI / 02920
Secretary Name	**Treasurer Name**
Stephanie Susi	Edward A. McLaughlin, III
Street Address	**Street Address**
175 Florida Ave	45 Conanicus Rd.
City / State / Zip	**City / State / Zip**
Cranston / R.I / 02920	Narragansett / RI / 02882

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
Frank DelSanto	Paula Rampone
Street Address	**Street Address**
307 Mayfield Ave	3 Purgatory Rd.
City / State / Zip	**City / State / Zip**
Cranston / R.I / 02920	Exeter / RI / 02822
Director Name	**Director Name**
Edward Stebbins	Julio Maggiacomo
Street Address	**Street Address**
87 Michaels Ave.	198 Mourning Dove Dr.
City / State / Zip	**City / State / Zip**
West Dennis / MA / 02670	Saunderstown / RI / 02874

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 04 2015

BY 451

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.

Edward A. McLaughlin 6.1.15
Signature of Officer or Authorized Representative — Date

Edward A. McLaughlin III Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121540-7-1037072