



**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:** 2015

**1. Corporate ID No.** 000028405

**2. Name of Corporation** S. J. SCHOLARSHIP FUND INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 33 DIVISION STREET

City or Town: MANVILLE

State: RI

Zip: 02838

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**

SJ SCHOLARSHIP FUND

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RAYMOND MORIN	19 BOUVIER AVENUE MANVILLE, RI 02838 USA
SECRETARY	LOUISE C LAFLAMME	11 SPRUCE ST MANVILLE, RI 02838 USA
DIRECTOR	RICHARD BELLAVANCE	9 MORGAN ROAD

		WEST YARMOUTH, MA 02673 USA
VICE CHAIRMAN	BRIAN HUNTER	9 PINE GROVE AVE LINCOLN, RI 02865 USA
TREASURER	REV. THOMAS FERLAND	33 DIVISION ST MANVILLE, RI 02838 USA
DIRECTOR	PAUL BRULE	4 HEDGE ROAD LINCOLN, RI 02865 USA
DIRECTOR	DENISE RENAUD	5 BIRCHWOOD DR MANVILLE, RI 02838 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**

LOUISE C. LAFLAMME 33 DIVISION STREET MANVILLE , RI 02838

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

**Signed this 21 Day of June, 2015 at 4:25:03 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 LOUISE C LAFLAMME  
Signature of Authorized Person

Form No. 631  
Revised 09/07