



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. 139852		2. Exact name of the Corporation The New NKHS Scholarship Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode island Scholarship Fund			
5. Principal office address 3 Stone Gate Drive		City North Kingstown	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John V Gibbons Jr.			Vice-President Name Erin Dunne		
Street Address 3 Stone Gate Drive			Street Address 104 Case Street		
City North Kingstown	State RI	Zip 02852	City West Roxbury	State Ma	Zip 02132
Secretary Name Maureen A Ricker			Treasurer Name Maureen A Ricker		
Street Address 37 Landing Lane			Street Address 37 Landing Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas Grennsn			Director Name Erin Dunne		
Street Address 51 Jenkins Ct			Street Address 104 Case Street		
City North Kingstown	State RI	Zip 02852	City West Roxbury	State Ma	Zip 02132
Director Name Amy Dunne			Director Name		
Street Address 9 Cutler Road			Street Address		
City West Roxbury	State MA	Zip 02313	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Maureen A Ricker
 Signature of Officer or Authorized Representative

07/06/2015

Date

Maureen A Ricker

Print or Type Name of Officer or Authorized Representative