



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|   |             |  |                                    |                    |              |
|---|-------------|--|------------------------------------|--------------------|--------------|
| 1. Corporate ID No.<br>140301   |             | 2. Name of Corporation<br>The Will Speck Memorial                        |                                    |                    |              |
| 3. State of Incorporation<br>RI   |             | 4. Corporate address in Rhode Island - Street Address<br>95 Harrison St. |                                    | City<br>Providence | Zip<br>02909 |
| 5. Foreign corporation. Enter principal office address  |             |  | City                               | State              | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>scholarship fund for RI students |             |  |                                    |                    |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS     |             |  |                                    |                    |              |
| President Name<br>Juliette Speck  |             |  | Vice President Name<br>Wendy Speck |                    |              |
| Street Address<br>95 Harrison St.   |             |  | Street Address<br>71 Potter St.    |                    |              |
| City<br>Providence  | State<br>RI | Zip<br>02909   | City<br>Cranston                   | State<br>RI        | Zip<br>02910 |
| Secretary Name<br>Kelly Speck   |             |  | Treasurer Name<br>Gary Rose        |                    |              |
| Street Address<br>71 Potter St.   |             |  | Street Address<br>27 Philmont Ave. |                    |              |
| City<br>Cranston  | State<br>RI | Zip<br>02910   | City<br>Cranston                   | State<br>RI        | Zip<br>02910 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS    |             |  |                                    |                    |              |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                    |             |  |                                    |                    |              |
| Director Name<br>Juliette Speck   |             |  | Director Name<br>Wendy Speck       |                    |              |
| Street Address<br>95 Harrison St.   |             |  | Street Address<br>71 Potter St.    |                    |              |
| City<br>Providence  | State<br>RI | Zip<br>02909   | City<br>Cranston                   | State<br>RI        | Zip<br>02910 |
| Director Name<br>Kelly Speck  |             |  | Director Name                      |                    |              |
| Street Address<br>71 Potter St.   |             |  | Street Address                     |                    |              |
| City<br>Cranston  | State<br>RI | Zip<br>02910   | City                               | State              | Zip          |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78                    |             |  |                                    |                    |              |
| Agent Name<br>Juliette Speck  |             |  | Address<br>95 Harrison St.         |                    |              |
| Address   |             |  | City<br>Providence                 | State<br>RI        | Zip<br>02909 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10/27/05  
Check No.: 1038  
By: JMD  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Juliette Speck  
Date: 9/1/05  
Print or Type Name of Officer: Juliette Speck  
Title of Officer: President