



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. 27264		2. Exact name of the Corporation Bevilacqua Scholarship Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Scholarships			
5. Principal office address 235 Pocasset Avenue		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. Bevilacqua			Vice-President Name Angelo Milano		
Street Address 234 Pocasset Avenue			Street Address 18 Bel Air Drive		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Secretary Name John Bevilacqua			Treasurer Name Robert J. Bevilacqua		
Street Address 612 Greenwich Avenue			Street Address 234 Pocasset Avenue		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02909
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 Robert J. Bevilacqua			Director Name Angelo Milano		
Street Address 234 Pocasset Avenue			Street Address 18 Bel Air Drive		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Director Name John Bevilacqua			Director Name		
Street Address 612 Greenwich Avenue			Street Address		
City Warwick	State RI	Zip 02886	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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR 25 AM 10:02

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
 BY 0270878

FILED

MAR 25 2016

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.

John Bevilacqua 3/22/16
 Signature of Officer or Authorized Representative Date

John Bevilacqua

Print or Type Name of Officer or Authorized Representative

10:03