



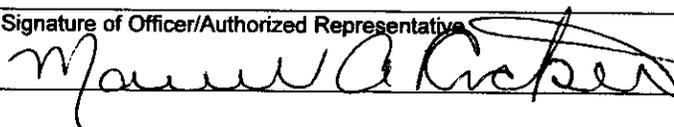
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
139852		The New NKHS Scholarship Fund			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Scholarship Fund			
5. Principal Office Address			City	State	Zip
3 Stone Gate Drive			North Kingstown	RI	02852
6. List ALL officers (names and addresses) Check the box to indicate an 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 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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Grennan			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 Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Maureen A Ricker				Date 05/17/2016	
Signature of Officer/Authorized Representative 					

FILED

MAY 19 2016

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