

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

HOPE						
Non-Profit Corporation	Annual Re	port for the	year: 2016			
Filing period: June 1 - June 30						
Filing Fee: \$20,00 *FAILURE	T			4 \$25.00 PENA	LTY FEE	
Entity ID Number	2. Exact name of the Corporation					
163909	Chad Thomas O'Brien Scholarship Fund					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Provides annual scholarships to Narragansett High School students.					
5. Principal Office Address			City	State	Zip	
106 Sycamore Lane			South Kingstown	RI	02879	
6. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Vincent Vespia			Vice-President Name Rhonda-Ann Vespia			
Street Address 106 Sycamore Lane			Street Address 89 Park Ave.			
City South Kingstown	State RI	^{Zip} 02879	City South Kingstown	State RI	^{Zip} 0287	9
Secretary Name Judith-Ann Vespia			Treasurer Name Vincent Vespia			
Street Address 106 Sycamore Lane			Street Address 106 Sycamore Lane			
City South Kingstown	State RI	^{Zip} 02879	City South Kingstown	State RI	Zip 02879	9
7. List ALL directors (names and	addresses). RI	Corporations Mt		s. ck the box to indica	te an attachmen	ıt 🗀
Director Name Tina Peterson			Director Name James Campion			
Street Address 70 Foddering Farm Road			Street Address 8 Weathervane Road			
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879)
Director Name John Ford			Director Name			
Street Address 923 Kingstown Road			Street Address			
City South Kingstown	State RI	^{Zip} 02879	City	State	Zip	
8. Registered Agent in Rhode Isl	and. This informa	tion is currently of	record in the Department of State. C	hanges require filir	ig Form 641.	
Under penalty of perjury, I dec statements, and that all staten				y accompanyin	g schedules a	ind
This report must be signed by either the F				Representative, Rec	eiver or Trustee.	
Name of Officer/Authorized Repr				Date		
Vincent Vespia, President 8		$\overline{}$	_	May 17, 2016		
Signature of Officer/Authorized R		-).				
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FILED 04 MAY 1 9 2016

Form No. 631 Revised: 2016