



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000548233

2. Name of Corporation KRISTEN M. ETTENSOHN SCHOLARSHIP FUND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 73 BEECHWOOD AVENUE

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE A SCHOLARSHIP FUND IN MEMORY OF KRISTEN M. ETTENSOHN WHICH
WILL PROVIDE SUPPORT FOR DESERVING STUDENTS ENTERING COLLEGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LINDA R. HASSAN	73 BEECHWOOD AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	PAUL W RYAN	259 SUMMER STREET SOMERVILLE , MA 02143 USA

DIRECTOR	DAVID B ETTENSOHN	73 BEECHWOOD AVE PAWTUCKET, RI 02860 USA
DIRECTOR	DEREK M ETTENSOHN	333 WILLIAMS ST PROVIDENCE, RI 02906 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID B. ETTENSOHN 73 BEECHWOOD AVENUE PAWTUCKET , RI 02860

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of May, 2016 at 10:00:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID B ETTENSOHN
Signature of Authorized Person

Form No. 631
Revised 09/07

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