RI SOS Filing Number: 201699714320 Date: 06/02/2016 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
29387	Scholarship Foundation of East Providence Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	50 Mayflower Street	East Providence	02914
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

Awarding scholarships to East Providence Students

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Peter G. Barilla	12 Miller Street	East Providence	RI	02916
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Joan Kent	50 Mayflower Street	East Providence	RI	02914
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Kathleen King	70 Timberlane Drive	East Providence	RI	02915
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Toni-Mara Spencer	327 Sutton Avenue	East Providence	RI	02914

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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	Street Address	City	State	Zip
Susan Jordan	88 Harris Street	East Providence	RI	02915
Director Name	**Street Address**	**City**	**State**	**Zip**
Alice Fontes	95 Hazard Avenue	East Providence	RI	02914
Director Name	**Street Address**	**City**	**State**	**Zip**
Louise Paiva	81 Harris Street	East Providence	RI	02915
Director Name	**Street Address**	**City**	**State**	**Zip**
Stephen Bentz	24 Dalton Street	East Providence	RI	02916

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	Address	City	Zip
Robert M. Brady	East Providence		
Address		City	Zip
One Grove Avenue		RI	02914

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

[redacted] [redacted]

29387

FILED

JUN 02 2016

BY KL 5243

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 *Date*

Peter G. Barilla
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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Form 631 Rev. 12/06