



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. 29387		2. Name of Corporation Scholarship Foundation of East Providence Inc.	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 50 Mayflower Street	
		City East Providence	Zip 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 Peter G. Barilla		Vice President Name Joan Kent	
Street Address 12 Miller Street		Street Address 50 Mayflower Street	
City East Providence	State RI	Zip 02916	City East Providence
Secretary Name Kathleen King		Treasurer Name Toni-Mara Spencer	
Street Address 70 Timberlane Drive		Street Address 327 Sutton Avenue	
City East Providence	State RI	Zip 02915	City East Providence
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 Susan Jordan		Director Name Alice Fontes	
Street Address 88 Harris Street		Street Address 95 Hazard Avenue	
City East Providence	State RI	Zip 02915	City East Providence
Director Name Louise Paiva		Director Name Stephen Bentz	
Street Address 81 Harris Street		Street Address 24 Dalton Street	
City East Providence	State RI	Zip 02915	City East Providence
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 Robert M. Brady		Address East Providence	
Address One Grove Avenue		City RI	Zip 02914

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

FILED



2 9 3 8 7

JUN 02 2016

BY KL SUB

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.

Peter G. Barilla
Signature of Officer

Date

Peter G. Barilla

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY