



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			
312384		CCRI Faculty Association Scholarship Fund, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Raising and distributing money to students in the form of scholarships.			
5. Principal Office Address		City	State	Zip	
400 East Avenue/c/o John Ribezzo		Warwick	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Squizzero		Vice-President Name Richard Tessier			
Street Address 118 Woodview Drive		Street Address 54 Poplar Street			
City Cranston	State RI	Zip 02920	City Woonsocket	State RI	Zip 02895
Secretary Name Joseph Parys		Treasurer Name John Ribezzo			
Street Address 16 Alpine Ridge		Street Address 119 Harmon Avenue			
City Smithfield	State RI	Zip 02917	City Cranston	State RI	Zip 02910
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 William Squizzero		Director Name Joseph Parys			
Street Address Same as above.		Street Address Same as above.			
City	State	Zip	City	State	Zip
Director Name John Ribezzo		Director Name			
Street Address Same as above.		Street Address			
City	State	Zip	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 John Ribezzo, Treasurer				Date 06/02/16	
Signature of Officer/Authorized Representative <i>John Ribezzo, Treasurer</i> SIGN DOCUMENT HERE					

FILED
JUN 06 2016
BY KL1052