



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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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 <u>526579</u>		2. Exact name of the Corporation <u>Eileen Fagan Scholarship TRUST Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>High school scholarship for students going to major in nursing at a college or university</u>	
5. Principal Office Address <u>4 Domin</u>		City <u>Smithfield</u>	State <u>RI</u>
		Zip <u>02917</u>	
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Karen Sousa</u>		Vice-President Name <u>Matthew Fagan</u>	
Street Address <u>4 Domin Avenue</u>		Street Address <u>150 Stillwater Rd</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02917</u>		Zip <u>02917</u>	
Secretary Name <u>Katie Tashash</u>		Treasurer Name <u>Christine DiSandro</u>	
Street Address <u>4 Leyte Rd</u>		Street Address <u>109 Mountainbldg Rd</u>	
City <u>Lincoln</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02917</u>	
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 <u>Karen Sousa</u>		Director Name <u>Matthew Fagan</u>	
Street Address <u>4 Domin Avenue</u>		Street Address <u>150 Stillwater Rd</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02917</u>		Zip <u>02917</u>	
Director Name <u>Katie Tashash</u>		Director Name <u>none</u>	
Street Address <u>4 Leyte Rd</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	City	State
Zip <u>02865</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Karen J. Sousa</u>		Date <u>6/2/16</u>	
Signature of Officer/Authorized Representative <u>Karen J. Sousa</u>			

FILED OK

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