RI SOS Filing Number: 201600429860 Date: 06/09/2016 4:00 PM

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

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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	2. Exact name of the Corporation
128439	**THE KERRI LYNN BESSETTE FEMALE ATHLETIC SCHOLARSHIP FUND, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	To raise, hold and invest contributed funds for the purpose of awarding scholarships in memory of Kerri Lynn Bessette

5. Principal Office Address	City	State	Zip
78 Bedford Drive	**Wakefield**	**RI**	**02879**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **William R. Bessette**			Vice-President Name **None**		
Street Address **78 Bedford Drive**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	City	State	Zip
Secretary Name **Kathleen M. Bessette**			Treasurer Name **Kathleen M. Bessette**		
Street Address **78 Bedford Drive**			Street Address **78 Bedford Drive**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **William R. Bessette**			Director Name **Scott D. Bessette**		
Street Address **78 Bedford Drive**			Street Address 12 CARA COURT		
City **Wakefield**	State **RI**	Zip **02879**	City N. KINGSTOWN	State RI	Zip 02852
Director Name **Kathleen M. Bessette**			Director Name		
Street Address **78 Bedford Drive**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	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.

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	Date
William R. Bessette	6/9 , 2016

Signature of Officer/Authorized Representative: William R Bessette SIGN DOCUMENT HERE

FILED
JUN 09 2016
BY Cn 276307

Form No. 631
Revised: 2016
137927-1-1127674