



**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			
30466		Trustees of South Kingstown School Funds			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		Investing designated municipal trust funds.			
5. Principal Office Address			City	State	Zip
1041 Ten Rod Road, Suite B			North Kingstown	RI	02852
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Terrence G. Simpson			Vice-President Name None		
Street Address 1041 Ten Rod Road, Suite B			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name C. Charles Paolino			Treasurer Name Patricia Sunderland		
Street Address 171 Main Street			Street Address 180 High Street		
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. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name C. Charles Paolino			Director Name Michael J. McEntee		
Street Address 171 Main Street			Street Address 915 Tollgate Road		
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02886
Director Name H. Milton Read			Director Name Terrence G. Simpson		
Street Address 62 Normandy Road			Street Address 1041 Ten Rod Road, Suite B		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 Patricia Sunderland				Date 6/15, 2016	
Signature of Officer/Authorized Representative <i>Patricia Sunderland</i>				SIGN DOCUMENT HERE	

**FILED**

JUN 20 2016

BY 232661