



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>27196</u>		2. Exact name of the Corporation <u>The Frederick J. BENSON SCHOLARSHIP FUND INC</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Scholarships for Block Island School students</u>	
5. Principal Office Address <u>123 Ocean Ave., P.O. Box 276</u>		City <u>Block Island</u>	State <u>RI</u>
		Zip <u>02807</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michele Phelan</u>		Vice-President Name <u>David Milner</u>	
Street Address <u>P.O. Box B-2</u>		Street Address <u>P.O. Box 507</u>	
City <u>BI</u>	State <u>RI</u>	City <u>BI</u>	State <u>RI</u>
Zip <u>02807</u>		Zip <u>02807</u>	
Secretary Name <u>Ruth Vann</u>		Treasurer Name <u>Maureen Quackenbush</u>	
Street Address <u>P.O. Box 105</u>		Street Address <u>P.O. Box 312</u>	
City <u>BI</u>	State <u>RI</u>	City <u>BI</u>	State <u>RI</u>
Zip <u>02807</u>		Zip <u>02807</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>John Desmarais</u>		Director Name <u>Blake Phelan</u>	
Street Address <u>P.O. Box 10</u>		Street Address <u>P.O. Box B-2</u>	
City <u>BI</u>	State <u>RI</u>	City <u>BI</u>	State <u>RI</u>
Zip <u>02807</u>		Zip <u>02807</u>	
Director Name <u>Gail Hall</u>		Director Name <u>Scott Fowler</u>	
Street Address <u>P.O. Box 90</u>		Street Address <u>P.O. Box 652</u>	
City <u>BI</u>	State <u>RI</u>	City <u>BI</u>	State <u>RI</u>
Zip <u>02807</u>		Zip <u>02807</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Michele Phelan</u>			Date <u>June 15, 2016</u>
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED *or*

JUN 22 2016

494

BY _____

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016