



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 153015		2. Exact name of the Corporation RICHARD D. SALZILLO MEMORIAL SCHOLARSHIP FUND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To provide scholarship stipends to selected graduating students of Johnston Senior High School and other students who will be attending post-secondary school.			
5. Principal office address 1304 Atwood Avenue		City Johnston		State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Albert A. Salzillo		Vice-President Name Patricia Salzillo			
Street Address 41 Shore Drive		Street Address 35 Inkberry Trail			
City Johnston	State RI	Zip 02919	City Narragansett	State RI	Zip 02881
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Albert A. Salzillo		Director Name Patricia Salzillo			
Street Address 41 Shore Drive		Street Address 35 Inkberry Trail			
City Johnston	State RI	Zip 02919	City Narragansett	State RI	Zip 02881
Director Name Steven M Placella		Director Name			
Street Address 1 Norwich Drive		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2016

154 A.A.

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.

Albert A. Salzillo
Signature of Officer or Authorized Representative

6/28/2016

Date

Albert A. Salzillo, President

Print or Type Name of Officer or Authorized Representative