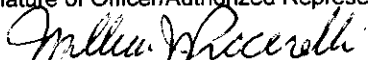




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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<br><b>29378</b>   |                 | 2. Exact name of the Corporation<br><b>COMMUNITY SCHOLARSHIP FUND OF BARRINGTON, INC.</b>                              |  |                       |                  |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>ALLOCATION OF SCHOLARSHIP AWARDS</b> |  |                       |                  |
| 5. Principal Office Address<br><b>144 WESTMINSTER STREET</b>  |                 | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>                           | Zip<br><b>02903</b>   |                  |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |  |                       |                  |
| President Name <b>DEBORAH JEROME</b>  |                 |  | Vice-President Name <b>KATHY HUNT</b>        |                       |                  |
| Street Address <b>41 S. MEADOW LANE</b>   |                 |  | Street Address <b>19 RIVERVIEW DRIVE</b>     |                       |                  |
| City <b>BARRINGTON</b>  | State <b>RI</b> | Zip <b>02806</b>   | City <b>BARRINGTON</b>                       | State <b>RI</b>       | Zip <b>02806</b> |
| Secretary Name <b>CARA MITNICK</b>  |                 |  | Treasurer Name <b>WILLIAM PICCERELLI</b>     |                       |                  |
| Street Address <b>5 LEE ROAD</b>  |                 |  | Street Address <b>144 WESTMINSTER STREET</b> |                       |                  |
| City <b>BARRINGTON</b>  | State <b>RI</b> | Zip <b>02806</b>   | City <b>PROVIDENCE</b>                       | State <b>RI</b>       | Zip <b>02903</b> |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                 |  |  |                       |                  |
| Director Name <b>THOMAS BOONE</b>   |                 |  | Director Name <b>JONATHAN J FITTA</b>        |                       |                  |
| Street Address <b>3 WOODHAVEN ROAD</b>  |                 |  | Street Address <b>259 COUNTY ROAD</b>        |                       |                  |
| City <b>BARRINGTON</b>  | State <b>RI</b> | Zip <b>02806</b>   | City <b>BARRINGTON</b>                       | State <b>RI</b>       | Zip <b>02806</b> |
| Director Name <b>MARY FEELEY</b>  |                 |  | Director Name <b>MARY ALYCE GASBARRO</b>     |                       |                  |
| Street Address <b>53 BANCROFT STREET</b>  |                 |  | Street Address <b>14 ROBBINS DRIVE</b>       |                       |                  |
| City <b>PEPPERELL</b>   | State <b>MA</b> | Zip <b>02806</b>   | City <b>BARRINGTON</b>                       | State <b>RI</b>       | Zip <b>02806</b> |
| 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>                   |                 |  |  |                       |                  |
| <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<br><b>WILLIAM J. PICCERELLI</b>   |                 |  |  | Date<br><b>7/7/16</b> |                  |
| Signature of Officer/Authorized Representative<br>   |                 |  |  | SIGN DOCUMENT HERE    |                  |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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JUL 11 2016

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BY \_\_\_\_\_

FORM 631 - Revised: 05/2016

COMMUNITY SCHOLARSHIP FUND OF BARRINGTON, INC.

BOARD OF DIRECTORS - 2016

ENTITY ID # - 29378

Directors (continued)

Patrick Chekal  
46 Lincoln Avenue  
Barrington, RI 02806

Carolyn Materne  
275 New Meadow Road  
Barrington, RI 02806

Nancy Ryan  
21 Harrison Avenue  
Barrington, RI 02806

Patrick Scott  
5 Kathy Court  
Bristol RI 02809

Nancy Simon  
8 Alden Road  
Barrington, RI 02806

Mary Anne Snyder  
4 Teakwood Lane  
Barrington, RI 02806