RI SOS Filing Number: 201604030800 Date: 08/26/2016 4:00 PM

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	2. Exact name of the Corporation
47339	**Ocean State Power Burrillville Scholarship Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Scholarship Foundation for graduating high school students residing in Burrillville**

5. Principal Office Address	City	State	Zip
105 Harrisville Main Street	**Harrisville**	**RI**	**02830**

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

President Name **Nancy Binns**			Vice-President Name **Matthew Cole**		
Street Address **67 Church Street**			Street Address **c/o OSP, 1575 Sherman Farm Road**		
City **Pascoag**	State **RI**	Zip **02859**	City **Harrisville**	State **RI**	Zip **02830**
Secretary Name **Frank Pallotta**			Treasurer Name **Mark Adams**		
Street Address **2300 Broncos Highway**			Street Address **137 Greenville Road**		
City **Harrisville**	State **RI**	Zip **02830**	City **North Smithfield**	State **RI**	Zip **02896**

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

Director Name **Edwin Pacheco**			Director Name **Michael Whaley**		
Street Address **12 Camp Dixie Road**			Street Address **BHS 425 East Avenue**		
City **Harrisville**	State **RI**	Zip **02830**	City **Harrisville**	State **RI**	Zip **02830**
Director Name **Frank Pallotta**			Director Name		
Street Address **2300 Broncos Highway**			Street Address		
City **Harrisville**	State **RI**	Zip **02830**	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: PRESIDENT NANCY E. BINNS — Date: 8/4/2016

Signature of Officer/Authorized Representative: Nancy E. Binns SIGN DOCUMENT HERE

FILED

AUG 26 2016

104352

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

141207-1-1148193

FORM 631 - Revised: 05/2016