



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000981753

**2. Name of Corporation** Fierce for Shannon Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 305  
City or Town: HARRISVILLE State: RI Zip: 02830 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO HONOR THE LATE SHANNON HEIL THROUGH SCHOLARSHIPS IN SPORTS AND ACADEMICS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	PATRICA HEIL	2 BRIDGHAM COURT RUMFORD, RI 02916 USA
DIRECTOR	CAMERON HEIL	111 JEFFERSON ROAD BURRILLVILLE, RI 02830 USA

DIRECTOR	DAVID GALLONE	25 HUMMINGBIRD LANE CRANSTON, RI 02921 USA
PRESIDENT	BRIAN HEIL	111 JEFFERSON ROAD BURRILLVILLE, RI 02830 USA
DIRECTOR	DAVID COURNOYER	63 LEDGEWOOD LANE WOONSOCKET, RI 02830 USA
TRESURER	ADDISON HEIL	111 JEFFERSON ROAD BURRILLVILLE, RI 02830 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BRIAN HEIL 111 JEFFERSON ROAD BURRILLVILLE , RI 02830

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

**Signed this 9 Day of September, 2016 at 10:07:51 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By BRIAN HEIL  
Signature of Authorized Person

Form No. 631  
Revised 09/07