



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAY 25 AM 11:55

1. Entity ID Number <u>7922166</u>		2. Exact name of the Corporation <u>Scottie Wright memorial Fund</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>non profit helping Children & Families in need</u>	
4. NAICS Code			
6. Principal Office Address <u>105 North Main St</u>		City <u>Slaterville</u>	State <u>RI</u> Zip <u>02876</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Scott Wright Sr</u>		Vice-President Name <u>Scott Mancini</u>	
Street Address <u>105 North Main St</u>		Street Address <u>2282 Douglas Turnpike</u>	
City <u>Slaterville</u>	State <u>RI</u>	City <u>Harrisville</u>	State <u>RI</u> Zip <u>02830</u>
Secretary Name <u>Stephanie Wright</u>		Treasurer Name <u>Jan Gosselin</u>	
Street Address <u>105 North Main Street</u>		Street Address <u>High view Ave</u>	
City <u>Slaterville</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02896</u>
8. 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>Christine J Wright</u>		Director Name <u>Amy Wright</u>	
Street Address <u>105 North Main St</u>		Street Address <u>41 North Main St</u>	
City <u>Slaterville</u>	State <u>RI</u>	City <u>Slaterville</u>	State <u>RI</u> Zip <u>02876</u>
Director Name <u>Gregory Mahoney</u>		Director Name <u>Patty Mowry</u>	
Street Address <u>15 Mahoney Drive</u>		Street Address <u>Homestead Ave</u>	
City <u>Hope</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02896</u>
9. 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 <u>Christine J Wright</u>			Date <u>5/25/17</u>
Signature of Officer/Authorized Representative <u>Christine J Wright</u>			FILED MAY 25 2017 BY <u>304481</u> 11:58

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov