



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

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

Annual Report for the year: 2015
 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 7922166		2. Exact name of the Corporation Scottie Wright Memorial Fund	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non profit helping Children & Families in need	
4. NAICS Code			
6. Principal Office Address 105 North Main St		City Slaterville	State RI
		Zip 02876	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Scott Wright Sr		Vice-President Name Scott Mancini	
Street Address 105 North Main St		Street Address 2282 Douglas Turnpike	
City Slaterville	State RI	City Harrisville	State RI
Zip 02876		Zip 02830	
Secretary Name Stephanie Wright		Treasurer Name Jan Gosselin	
Street Address 105 North Main Street		Street Address High view Ave	
City Slaterville	State RI	City Smithfield	State RI
Zip 02876		Zip 02896	
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 Christine J Wright		Director Name Amy Wright	
Street Address 105 North Main St		Street Address 41 North Main St	
City Slaterville	State RI	City Slaterville	State RI
Zip 02876		Zip 02876	
Director Name Gregory Mahoney		Director Name Patty Mowry	
Street Address 15 Mahoney Drive		Street Address Honcrest Ave	
City Hope	State RI	City Smithfield	State RI
Zip 02831		Zip 02896	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Christine J Wright			Date 5/25/17
Signature of Officer/Authorized Representative Christine J Wright			

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

FILED
MAY 25 2017
 BY 304481
 11:57