



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

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 R.I. DEPT. OF STATE  
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Annual Report for the year: 2014  
 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 <b>7922166</b>		2. Exact name of the Corporation <b>Scottie Wright memorial Fund</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>non profit helping Children + Families in need</b>	
4. NAICS Code			
6. Principal Office Address <b>105 North Main St</b>		City <b>Slaterville</b>	State <b>RJ</b>
		Zip <b>02876</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Scott Wright Sr</b>		Vice-President Name <b>Scott Mancini</b>	
Street Address <b>105 North Main St</b>		Street Address <b>2282 Douglas Turnpike</b>	
City <b>Slaterville</b>	State <b>RJ</b>	City <b>Harrisville</b>	State <b>RJ</b>
Zip <b>02876</b>		Zip <b>02830</b>	
Secretary Name <b>Stephanie Wright</b>		Treasurer Name <b>Jan Gosselin</b>	
Street Address <b>105 North Main Street</b>		Street Address <b>High view Ave</b>	
City <b>Slaterville</b>	State <b>RJ</b>	City <b>Smithfield</b>	State <b>RJ</b>
Zip <b>02876</b>		Zip <b>02896</b>	
8. 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 type="checkbox"/></span>			
Director Name <b>Christine J Wright</b>		Director Name <b>Amy Wright</b>	
Street Address <b>105 North Main St</b>		Street Address <b>41 North Main St</b>	
City <b>Slaterville</b>	State <b>RJ</b>	City <b>Slaterville</b>	State <b>RJ</b>
Zip <b>02876</b>		Zip <b>02876</b>	
Director Name <b>Gregory Mahoney</b>		Director Name <b>Patty Mowry</b>	
Street Address <b>15 Mahoney Drive</b>		Street Address <b>Honcrest Ave</b>	
City <b>Hope</b>	State <b>RJ</b>	City <b>Smithfield</b>	State <b>RJ</b>
Zip <b>02831</b>		Zip <b>02896</b>	
9. 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>			
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 <b>Christine J Wright</b>			Date <b>5/25/17</b>
Signature of Officer/Authorized Representative <b>Christine J Wright</b>			

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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