



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2014

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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|--|--------------------|--|------------------------|
| 1. Entity ID Number <u>792266</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>02876</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>02876</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> | | 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>Honcrest Ave</u> | |
| City <u>Hope</u> | State <u>RI</u> | City <u>Smithfield</u> | State <u>RI</u> |
| Zip <u>02831</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> | | | |

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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