



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

Annual Report for the year: 2017
 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 26738		2. Exact name of the Corporation <i>Elizabeth P Hussey Memorial Nursing Scholarship Fund</i>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Expand educational opportunities for residents of Middletown in nursing</i>			
4. NAICS Code 813219					
6. Principal Office Address 281 Green End Ave			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Victory Picard</i>			Vice-President Name <i>Leonard Silvia</i>		
Street Address <i>Guirard Ave</i>			Street Address <i>281 Green End Ave.</i>		
City <i>Newport</i>	State RI	Zip 02840	City <i>Middletown</i>	State RI	Zip 02842
Secretary Name <i>Amy Ruggiero</i>			Treasurer Name <i>Prudence Silvia</i>		
Street Address <i>287 Green End Ave.</i>			Street Address <i>281 Green End Ave</i>		
City <i>Middletown</i>	State RI	Zip 02842	City <i>Middletown</i>	State RI	Zip 02842
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 <i>Victory Picard</i>			Director Name <i>Leonard Silvia</i>		
Street Address <i>Guirard Ave.</i>			Street Address <i>281 Green End Ave</i>		
City <i>Newport</i>	State RI	Zip 02840	City <i>Middletown</i>	State RI	Zip 02842
Director Name <i>Prudence Silvia</i>			Director Name		
Street Address <i>281 Green End Ave.</i>			Street Address		
City <i>Middletown</i>	State RI	Zip 02842	City	State	Zip
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 PRUDENCE SILVIA					Date 6/1/17
Signature of Officer/Authorized Representative <i>Prudence Silvia</i>					

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 *✓*
 JUN 05 2017
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