RI SOS Filing Number: 201744872830 Date: 6/5/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year	r:
Non-Profit Corporation	

2017

→ 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 2. Exact name of the Corporation C. HAIS ANTABLELLI NEW CACLAND SCHOLARSHIP FULLS 3. State of Incorporation R. I. 4. NAICS Code 9 13 21 ? 6. Principal Office Address City CHR ERLIND CLUMB ERLIND CHR ERLI								
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8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name ALFRED MADDLEUA Street Address OBSTREET Address OBSTREET Address OBJECT City NAUTIC City NAUTIC Director Name CHABLES CAVALLABED Director Name CHABLES CAVALLABED Director Name CHABLES CAVALLABED Director Name Chables City AUBURU Director Name CHABLES CAVALLABED City TOPHUSTON State City AUNTENALLA City AUNTENALLA City TOPHUSTON State City AUNTENALLA City AUNTENALLA City AUNTENALLA City TOPHUSTON State City AUNTENALLA Cit	City	State	Zip C/C 357			Zip ORFG4		
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City NAUTIC CF. CITY AUBURU State CF. Director Name CHARLES CAVALATED Street Address G HEODERU JT. City JOHNSTON. State L	Street Address			Street Address				
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State City TORNSTON. State C. I. Hook SETT State D. H.	Street Address							
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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 EANEST F. LA PLANTE G-2-2017	9. Registered Agent in Rhode Islar	nd. This information		in the Department of State. Change	s require filing Form 6			
Name of Officer/Authorized Representative EINEST F. LA PLANTE Date 6-2-2017					ompanying sched	ules and		
EANEST F. LAPKAUTE 6-2-2017	This report must be signed by either the Pre-	sident, Vice-President,	, Secretary, Assistant Se	cretary, Treasurer, duly Authorized Repres	sentative, Receiver or Tru	stee.		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 5 2017