



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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 26580		2. Exact name of the Corporation CHRIS ANTONELLI NEW ENGLAND SCHOLARSHIP FUND			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island AWARDING SCHOLARSHIPS AND GRANTS TO PEOPLE WORKING WITH SPECIAL NEEDS INDIVIDUALS.			
4. NAICS Code 813219					
6. Principal Office Address ONE VENTRY DRIVE			City CUMBERLAND	State R.I.	Zip 02964
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RUBY ANTONELLI			Vice-President Name DOUGLAS KARRABEE		
Street Address 2760 VT 22A.			Street Address 11 W. CHESTNUT ST.		
City BRIDPORT	State VT	Zip 05734	City MECHANIC FALLS	State ME	Zip 04256
Secretary Name PATRICIA MADDOLENA			Treasurer Name ERNEST LA PLANTE		
Street Address 53 ROXBURY COURT			Street Address 1 VENTRY DRIVE		
City NAUTIC	State CT.	Zip 06357	City CUMBERLAND	State R.I.	Zip 02964
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 ALFRED MADDOLENA			Director Name ROBERT BLANCHARD		
Street Address 53 ROXBURY COURT			Street Address 247 SUMMER ST.		
City NAUTIC	State CT.	Zip 06357	City AUBURN	State ME.	Zip 04210
Director Name CHARLES CAVALIERO			Director Name JAMES V. WALSH		
Street Address 6 HEDDEN ST.			Street Address 14 WHITEHALL RD		
City JOHNSTON	State R.I.	Zip 02910	City HOOKSETT	State N.H.	Zip 03106
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 ERNEST F. LA PLANTE					Date 6-2-2017
Signature of Officer/Authorized Representative <i>Ernest F. La Plante</i>					

FILED

JUN 05 2017

BY

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MAIL TO:
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