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	2. Exact nam	e of the Corporation					
26580	CHRIS	ANTONELLI A	EW ENGLAND SCHOLA	RSHIP FULL	D		
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island					
R.1.	AWARDIA	AWARDING SCHOLARSHIPS AND GRANTS TO PEOPLE WORKING					
4. NAICS Code		Pecial Use	DS INDIVIDUALS.				
813219		recine weg					
6. Principal Office Address			City	State	Zip		
ONE VENTRY DRIVE			CUMBERLAND	R.1.	02864		
7. List ALL officers (names and	addresses)		Chec	k the box to indicate	e an attachment		
President Name RUBY ANTONEAL			Vice-President Name DOUGLAS LARKABEE				
Street Address			Street Address				
City A	State	Zin	City	State	Zin		
BRIDPORT	State	05731	MECHANIC FALLS	ME	04256		
Secretary Name PATRILIA MADOBLE VA			Treasurer Name ERUEST LA PLAUTE				
Street Address 5-3 RoyBuk	y COURT		Street Address I VEUTRY DRIVE				
City	State C7.	Zip 66357	CUMB EXHAUS	State /.	DAF64		
8. List ALL directors (names and	d addresses). RI C		st at least THREE directors.	Check the box to indi			
Director Name			Director Name		ate an attack mile it bear		
ALFRED MADDOLEUA Street Address			Street Address				
53 ROXAURY CO	ver		247 SUMME	e St.			
City	State CT.	Zip 06357	City BURU	State ME.	Zip 04210		
Director Name CHARLES CAVALA	irector Name Director Name						
Street Address 6 HEODEEU JT:			Street Address /4 WM/TEHALL KD				
City JOHNSTON.	State	Zip 029 10	City HOOK SETT	State N. H	Zip 03106		
9. Registered Agent in Rhode Is			in the Department of State. Changes				
Under penalty of perjury, I dec statements, and that all stater			d this report, including any according	ompanying sched	ules and		
			cretary, Treasurer, duly Authorized Repres	entative, Receiver or Tru	stee.		
Name of Officer/Authorized Rep		Date					
EANEST F.LA				6-2-	2017		
Signature of Officer/Authorized F	Representative		Files				
() rest to	era Ila	ne	FILED_				

MAJL 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