



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 312384		2. Exact name of the Corporation CCRI Faculty Association Scholarship Fund, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Raising and distributing money to students in the form of scholarships.	
4. NAICS Code 81			
6. Principal Office Address 400 East Ave. - c/o John Ribezzo		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Tessier		Vice-President Name Holly Susi	
Street Address 54 Poplar St.		Street Address 43 Transit St. Unit 4	
City Woonsocket	State RI	City Providence	State RI
Zip 02895		Zip 02903	
Secretary Name Sandra Luzzi Sneesby		Treasurer Name John Ribezzo	
Street Address 25 Roslyn Ave.		Street Address 119 Harmon Ave.	
City Providence	State RI	City Cranston	State RI
Zip 02908		Zip 02910	
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 Joseph Parys		Director Name Kathryn Blessing	
Street Address 16 Alpine Ridge		Street Address 88 Bishop Ave.	
City Smithfield	State RI	City Rumford	State RI
Zip 02917		Zip 02916	
Director Name Maria Coclin		Director Name	
Street Address 58 Bakewell Ct.		Street Address	
City Cranston	State RI	City	State
Zip 02921		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.			
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 John Ribezzo, Treasurer			Date 6/1/17
Signature of Officer/Authorized Representative <i>John Ribezzo, Treasurer</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
BY *1665 RS*