



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	Zip 02895	City Providence	State RI	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	Zip 02908	City Cranston	State RI	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	Zip 02917	City Rumford	State RI	Zip 02916
Director Name Maria Coelin			Director Name		
Street Address 58 Bakewell Ct.			Street Address		
City Cranston	State RI	Zip 02921	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 John Ribezzo, Treasurer					Date 6/1/17
Signature of Officer/Authorized Representative John Ribezzo, Treasurer					

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 IB/S/RS