



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- 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 <u>139852</u>		2. Exact name of the Corporation <u>The New NKHS Scholarship Fund</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Scholarship Fund</u>			
4. NAICS Code <u>611710</u>					
6. Principal Office Address <u>3 Stone Gate Dr.</u>		City <u>North Kingstown</u>	State <u>R.I.</u>	Zip <u>02852</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John V. Gibbons Jr</u>			Vice-President Name <u>Erin Dunne</u>		
Street Address <u>3 Stone Gate Dr</u>			Street Address <u>104 Case St.</u>		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>West Roxbury</u>	State <u>MA</u>	Zip <u>02132</u>
Secretary Name <u>Maureen A Ricker</u>			Treasurer Name <u>Maureen Ricker</u>		
Street Address <u>37 Landing Lane</u>			Street Address <u>37 Landing Lane</u>		
City <u>No. Kingstown</u>	State <u>R.I.</u>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>R.I.</u>	Zip <u>02852</u>
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 <u>Thomas Greenan</u>			Director Name <u>Erin Dunne</u>		
Street Address <u>51 Jenkins Ct.</u>			Street Address <u>104 Case St.</u>		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>West Roxbury</u>	State <u>MA</u>	Zip <u>02132</u>
Director Name <u>Amy Dunne</u>			Director Name <u>None</u>		
Street Address <u>9 Cutler Rd</u>			Street Address		
City <u>West Roxbury</u>	State <u>MA</u>	Zip <u>02313</u>	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 <u>Maureen A. Ricker</u>					Date <u>6-5-17</u>
Signature of Officer/Authorized Representative <u>Maureen A Ricker</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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