



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 51731		2. Exact name of the Corporation CHRIS W. CRUICKSHANK SCHOLARSHIP FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide an annual scholarship to a high school student towards cont. education.			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 163 Main Street		City Westerly	State RI	Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurie A. Scales			Vice-President Name George Cruickshank		
Street Address 30 Rockridge Road			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Stephen Cruickshank			Treasurer Name Elizabeth Cruickshank		
Street Address 4 Gull Terrace			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Laurie A. Scales			Director Name George Cruickshank		
Street Address 30 Rockridge Road			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Elizabeth Cruickshank			Director Name		
Street Address 4 Gull Terrace			Street Address		
City Westerly	State RI	Zip 02891	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 Laurie A. Scales, President				Date 6/2/17	
Signature of Officer/Authorized Representative 					

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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