

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.

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1. Entity ID Number	2. Exact name of the Corporation					
51731	CHRIS W. CRUICKSHANK SCHOLARSHIP FOUNDATION					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	To provide an annual scholarship to a high school student towards cont. education.					
4. NAICS Code	7					
813211 - Grantmaking Foun						
6. Principal Office Address			City	State	Zip	
163 Main Street			Westerly	RI	02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
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 Guil 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						
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.						
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						
Laurie A. Scales, President						
Signature of Officer/Authorized Representative						
(1) au , taker FILED						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

ed: 05/2017