



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 95205		2. Exact name of the Corporation Darren A. Schongold Scholarship Fund			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Hold and invest funds to award scholarships to NKHS graduates.			
5. Principal Office Address 875 Centerville Road			City Warwick	State RI	Zip 02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth E. Schongold			Vice-President Name Steve Schongold		
Street Address 13525 Troia Drive			Street Address 4 Leo Road		
City Estero	State FL	Zip 33928	City Sharon	State MA	Zip 02067
Secretary Name Sheryl Schongold			Treasurer Name Kenneth E. Schongold		
Street Address 13525 Troia Drive			Street Address 13525 Troia Drive		
City Estero	State FL	Zip 33928	City Estero	State FL	Zip 33928
7. 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 Evelyn Bender			Director Name Paul Stubbs		
Street Address 27002 Barletta Lane, Apt. 2711			Street Address 141 Mendell Rd.		
City Estero	State FL	Zip 33928	City Rochester	State MA	Zip 02770
Director Name Paul Tatreault			Director Name		
Street Address 181 Candy Apple Lane			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
8. 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 Kenneth Schongold					Date 06/04/2017
Signature of Officer/Authorized Representative <i>Kenneth Schongold</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 09 2017
 BY 10/9 DS