



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 54549		2. Exact name of the Corporation Blue Cross & Blue Shield of Rhode Island Employees Scholarship Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To improve access to higher education through the award of scholarships on a competitive bases to eligible children of active employees of Blue Cross & Blue Shield of Rhode Island.			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 500 Exchange Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Augustine Manocchia		Vice-President Name Christopher Bush			
Street Address 500 Exchange Street		Street Address 500 Exchange Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lauren Cherry		Treasurer Name Elaine Alderdice			
Street Address 500 Exchange Street		Street Address 500 Exchange Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Shannon McLoughlin		Director Name Susan Smoller			
Street Address 500 Exchange Street		Street Address 500 Exchange Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Angela Gionfrido		Director Name			
Street Address 500 Exchnage Street		Street Address			
City Providence	State RI	Zip 02903	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 Elaine Alderdice				Date 6/7/17	
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

FILED
 JUN 12 2017
 1331