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

FILED
JUN 20 2017
BY 11:19am 306305

RECEIVED
2017 JUN 20 AM 11:19
R.I. DEPT. OF STATE
BUS SVCS DIV

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	2. Exact name of the Corporation
58883	**The Scott London/Chris Riley Memorial Scholarship Fund, Inc**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Award scholarships to accredited institutions of higher learning to Pediatric oncology patients or their siblings from Rhode Island and South Eastern MA.**
4. NAICS Code: 813219 - Other Grantmal	

6. Principal Office Address	City	State	Zip
53 Dante Avenue	**Johnston**	**RI**	**02919**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Mary B. Riley**			Vice-President Name **Kevin P. Riley**		
Street Address **52 Dante Ave**			Street Address **245 E. 25th Street, Apt. 6B**		
City **Johnston**	State **RI**	Zip **02919**	City **New York**	State **NY**	Zip **10010**
Secretary Name **Derek Byron**			Treasurer Name **John M. Riley**		
Street Address **45 Pleasant View Rd**			Street Address **4 Stone Lane Apt. 5207**		
City **Warwick**	State **RI**	Zip **02889**	City **Malden**	State **MA**	Zip **02148**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Deborah Byron**			Director Name **Mary E. Conroy**		
Street Address **142 Eagle Road**			Street Address **39 Sevilla Ave**		
City **Hope**	State **RI**	Zip **02831**	City **Warwick**	State **RI**	Zip **02889**
Director Name **Thomas E. Riley**			Director Name **Ryan Errico**		
Street Address **53 Dante Ave**			Street Address **10 Ox Bow Lane**		
City **Johnston**	State **RI**	Zip **02919**	City **Woodbridge**	State **CT**	Zip **06525**

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	Date
Mary B. Riley	**June 19, 2017**

Signature of Officer/Authorized Representative: Mary B. Riley

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

FORM 631 - Revised: 06/2017