RI SOS Filing Number: 201746059220 Date: 6/22/2017 4:00:00 PM

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 000011659913	2. Exact name of the Corporation KEN SKITT MEMORIAL SCHOLARSHIP
3. State of Incorporation R. I.	5. Brief description of the character of business conducted in Rhode Island AWARD YEARLY SCHOLARSHIP OF $500 TO JOHNSTON HIGH SCHOOL STUDENT
4. NAICS Code 713219	

6. Principal Office Address	City	State	Zip
1 MAPLECREST DR	GREENVILLE	R. I	02828

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

President Name BEVERLY SKITT			Vice-President Name		
Street Address 1 MAPLECREST DR.			Street Address NONE		
City GREENVILLE	State R. I	Zip 02828	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name TARA SCZERBINSKI			Director Name LIANNE DENHAM		
Street Address 22 HILTON DR.			Street Address 12 FOXWOOD DR.		
City JOHNSTON	State R. I	Zip 02919	City LINCOLN	State R. I	Zip 02865
Director Name BEVERLY SKITT			Director Name		
Street Address 1 MAPLECREST DR			Street Address		
City GREENVILLE	State R. I	Zip 02828	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	Date
BEVERLY SKITT	6/19/17

Signature of Officer/Authorized Representative: Beverly Skitt

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 22 2017
BY 103

FORM 631 - Revised: 06/2017