



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 29387		2. Exact name of the Corporation Scholarship Foundation of East Providence Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Awarding scholarships to East Providence Students			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 50 Mayflower Street			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter G. Barilla			Vice-President Name Joan Kent		
Street Address 12 Miller Street			Street Address 50 Mayflower Street		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02914
Secretary Name Patsy Hawksley			Treasurer Name Toni-Mara Spencer		
Street Address 32 Holden Road			Street Address 327 Sutton Avenue		
City South Kingstown	State RI	Zip 02879	City East Providence	State RI	Zip 02914
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 Susan Jordan			Director Name Joseph Durand		
Street Address 88 Harris Street			Street Address 1 Redway Circle		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02916
Director Name Louise Paiva			Director Name Stephen Bentz		
Street Address 81 Harris Street			Street Address 24 Dalton Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02916
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 Peter G. Barilla					Date 6-9-17
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

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JUN 26 2017

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