



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV

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1. Entity ID Number <u>000998083</u>		2. Exact name of the Corporation <u>The Ian Kortbek Fund, Inc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Scholarship Fund for Block Island School graduates.</u>	
4. NAICS Code <u>624110</u>			
6. Principal Office Address <u>Box 683, 1424 Old Center Rd</u>		City <u>Block Island</u>	State <u>RI</u> Zip <u>02807</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Edward James Stover</u>		Vice-President Name <u>Parker Evan Lacoste</u>	
Street Address <u>1424 Old Center Rd</u>		Street Address <u>1424 Old Center Rd.</u>	
City <u>Block Island</u>	State <u>RI</u>	City <u>Block Island</u>	State <u>RI</u> Zip <u>02807</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Edward James Stover</u>		Director Name <u>Parker Evan Lacoste</u>	
Street Address <u>Same as above</u>		Street Address <u>same as above</u>	
City	State	City	State Zip
Director Name <u>Kirk Littlefield</u>		Director Name	
Street Address <u>1424 Old Center Rd.</u>		Street Address	
City <u>Block Island</u>	State <u>RI</u>	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.			
<b>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.</b>			
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 <u>Edward James Stover</u>			Date <u>06/01/17</u>
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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