



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

Annual Report for the year: 2016  
 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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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

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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**FILED**

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