RI SOS Filing Number: 201867613820 Date: 5/29/2018 12:23:00 PM

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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1. Entity ID Number	2. Exact name of the Corporation						
866123	Austin N	lemorial :	Scholarship Fund	•	— (T)		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Charitable; benevolent; educational ; civic; patriotic; social; recreational; fraternal; literary;						
4. NAICS Code	cultural; athlete; scientific; agricultural; horticultural; and animal husbandry purposes permitted						
813110	pursuant to R.I	I.G.L. Section 7-6	5-4(1). 				
6. Principal Office Address			City	State	Zip		
411 Fairview Avenue			Coventry	RI	02816		
7. List ALL officers (names and ad	dresses)				cate an attachment 🗸		
President Name Ernest Lavigne			Vice-President Name Annie Campbell				
Street Address 3 Rainone Court			Street Address 43 Burlingame Drive				
City Coventry	State RI	^{Z_{IP}} 02816	City Charlestown	State RI	Zip 02813		
Secretary Name Annie Campbell			Treasurer Name John J. Aubin III				
Street Address 43 Burlingame Drive			Street Address 411 Fairview Avenue				
City Charlestown	State RI	Z _{IP} 02813	City Coventry	State RI	Zip 02816		
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST li	ist at least THREE directors.	Check the box to indi	cate an attachment		
Director Name Ernest Lavigne			Director Name Annie Campbell				
Street Address 3 Rainone Court			Street Address 43 Burlingame Drive				
City Coventry	State RI	Zip 02816	City Charlestown	State RI	Zip 02813		
Director Name John J. Aubin III			Director Name				
Street Address 411 Fairview Avenue			Street Address				
City Coventry	State RI	Zip 02816	City	State	Zip		
9. Registered Agent in Rhode Islar	nd. This information	is currently of record	d in the Department of State. Change	es require filing Form 6	41.		
Under penalty of perjury, I decla statements, and that all stateme				companying sched	ules and		
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Se	ecretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tru	istee		
Name of Officer/Authorized Repres		Date					
John J. Aubin I		4/10/18					
Signature of Officer/Authorized Rep	presentative	CICK DOO	FILED				
(J/M)		SIGN DOCI	UMENT HERE				

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: 11/2017

Non-Profit Corporation Annual Report for the Year 2016 continued

#866123 Austin Memorial Scholarship Fund

There was another Vice-President:

John J. Aubin III 411 Fairview Avenue Coventry, RI 02816