



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

Annual Report for the year: **2016**

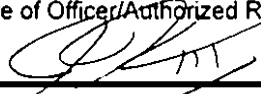
Non-Profit Corporation

→ 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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SECRETARY OF STATE
CORPORATIONS DIV
MAY 29 PM 12:21

1. Entity ID Number 866123		2. Exact name of the Corporation Austin Memorial Scholarship Fund		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable; benevolent; educational; civic; patriotic; social; recreational; fraternal; literary; cultural; athlete; scientific; agricultural; horticultural; and animal husbandry purposes permitted pursuant to R.I.G.L. Section 7-6-4(1).		
4. NAICS Code 813110				
6. Principal Office Address 411 Fairview Avenue		City Coventry		State RI
				Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate 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	Zip 02816	City Charlestown	State RI
Secretary Name Annie Campbell		Treasurer Name John J. Aubin III		
Street Address 43 Burlingame Drive		Street Address 411 Fairview Avenue		
City Charlestown	State RI	Zip 02813	City Coventry	State RI
				Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate 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 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 John J. Aubin III				Date 4/10/18
Signature of Officer/Authorized Representative 				FILED SIGN DOCUMENT HERE MAY 29 2018 BY 33490 12:23

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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