



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

Annual Report for the year: **2018**

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 796951		2. Exact name of the Corporation Vincenzo Nigro Memorial Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support and conduct programs that provide assistance to needy individuals in RI.			
4. NAICS Code 624190 - Other Individual and F:					
6. Principal Office Address 26 Horne Drive		City Westerly	State RI	Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Keegan		Vice-President Name Diana Zerbarini			
Street Address 26 Horne Drive		Street Address 23 Hickory Lane			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Karen Rafferty		Treasurer Name John Rafferty			
Street Address 9 Sesame Street		Street Address 9 Sesame Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Linda Keegan		Director Name Diana Zerbarini			
Street Address 26 Horne Drive		Street Address 23 Hickory Lane			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name John Rafferty		Director Name			
Street Address 9 Sesame Street		Street Address			
City Westerly	State RI	Zip 02891	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 Linda Keegan, President				Date 5/30/2018	
Signature of Officer/Authorized Representative <i>Linda Keegan</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

FILED

JUN 04 2018

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