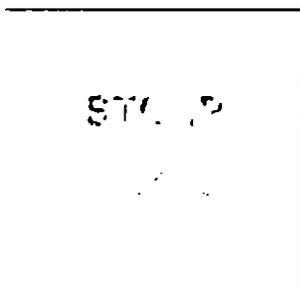




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000312384	2. Exact name of the Corporation CCRI Faculty Association Scholarship Fund, Inc.
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Raising and distributing money to students in the form of scholarships.
4. NAICS Code 813990 - Other Similar Organiz:	

6. Principal Office Address 400 East Avenue - c/o John Ribezzo	City Warwick	State RI	Zip 02886
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Tessier		Vice-President Name Holly Susi			
Street Address 55 Poplar Street		Street Address 43 Transit Street Unit 4			
City Woonsocket	State RI	Zip 02896	City Providence	State RI	Zip 02903
Secretary Name Sandra Luzzi Sneesby		Treasurer Name John Ribezzo			
Street Address 26 Roslyn Avenue		Street Address 119 Harmon Avenue			
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02910

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Parys		Director Name Kathryn Blessing			
Street Address 16 Alpine Ridge		Street Address 88 Bishop Avenue			
City Smithfield	State RI	Zip 02917	City Rumford	State RI	Zip 02916
Director Name Maria Coclin		Director Name			
Street Address 68 Bakewell Court		Street Address			
City Cranston	State RI	Zip 02921	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.

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 John Ribezzo, Treasurer	Date June 6, 2018
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Signature of Officer/Authorized Representative
Treasurer
FILED

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

JUN 07 2018
 BY 1078 DS FORM 631 - Revised: 11/2017