



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 <b>001092513</b>		2. Exact name of the Corporation <b>LOUIS A LAPERE MEMORIAL SCHOLARSHIP FUND</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide a scholarship to a senior graduating from Westerly High School</b>			
4. NAICS Code <b>813211 - Grantmaking Foundat</b>					
6. Principal Office Address <b>117 High Street</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</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>NONE</b>		Vice-President Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	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 <b>PAULA LABARRE</b>		Director Name <b>LAURA WHITE</b>			
Street Address <b>31 NORTH A STREET</b>		Street Address <b>3 BELLEVUE AVENUE</b>			
City <b>TAFTVILLE</b>	State <b>CT</b>	Zip <b>06380</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>MARESA PRAY</b>		Director Name <b>FRANCIS LAPERE</b>			
Street Address <b>24 OLSON PLACE</b>		Street Address <b>20 CAMBRIDGE DRIVE</b>			
City <b>HIGGANUM</b>	State <b>CT</b>	Zip <b>06348</b>	City <b>ORO VALLEY</b>	State <b>AZ</b>	Zip <b>85704</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>PAULA LABARRE</b>					Date <b>6-7-18</b>
Signature of Officer/Authorized Representative <i>Paula Labarre</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 11 2018**

BY 239116 DS