



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 30466		2. Exact name of the Corporation Trustees of South Kingstown School Funds			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Investing designated municipal trust funds.			
4. NAICS Code 611110 - Elementary and Secor					
6. Principal Office Address 1041 Ten Rod Road, Suite B		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Terrence G. Simpson		Vice-President Name None			
Street Address 1041 Ten Rod Road, Suite B		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Leslie A. Pierini		Treasurer Name Patricia A. Sunderland			
Street Address 178 Briarwood Drive		Street Address 180 High Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Terrence G. Simpson		Director Name Michael J. McEntee			
Street Address 1041 Ten Rod Road, Suite B		Street Address 915 Tollgate Road			
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Director Name Leslie A. Pierini		Director Name Jacob D. Clemen			
Street Address 178 Briarwood Drive		Street Address 391 Curtis Corner Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Patricia A. Sunderland					Date June 1, 2018
Signature of Officer/Authorized Representative <i>Patricia A. Sunderland</i> <small>SEE DOCUMENT HERE</small>					

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 254637 DS

FORM 631 - Revised: 11/2017