



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.

FILED

JUN 18 2018

BY 908

1. Entity ID Number 128439		2. Exact name of the Corporation THE KERRI LYNN BESSETTE FEMALE ATHLETIC SCHOLARSHIP FUND, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To raise, hold and invest contributed funds for the purpose of awarding scholarships in memory of Kerri Lynn Bessette.			
4 NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 78 Bedford Drive		City Wakefield		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name William R. Bessette			Vice-President Name Scott D. Bessette		
Street Address 78 Bedford Drive			Street Address 12 Cara Court		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Secretary Name Kathleen M. Bessette			Treasurer Name Kathleen M. Bessette		
Street Address 78 Bedford Drive			Street Address 78 Bedford Drive		
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 ☐					
Director Name William R. Bessette			Director Name Scott D. Bessette		
Street Address 78 Bedford Drive			Street Address 12 Cara Court		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Director Name Kathleen M. Bessette			Director Name Leah C. Bessette		
Street Address 78 Bedford Drive			Street Address 12 Cara Court		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
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 William R. Bessette				Date 6/13 , 2018	
Signature of Officer/Authorized Representative 					

MAIL TO:
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