



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 20 2018

BY

1595

1. Entity ID Number 29378		2. Exact name of the Corporation COMMUNITY SCHOLARSHIP FUND OF BARRINGTON, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ALLOCATION OF SCHOLARSHIP AWARDS			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 144 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name DEBORAH JEROME			Vice-President Name KATHY HUNT		
Street Address 41 S. MEADOW LANE			Street Address 19 RIVERVIEW DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name JOHN BUFFUM			Treasurer Name WILLIAM PICCERELLI		
Street Address 450 NAYATT ROAD			Street Address 144 WESTMINSTER STREET		
City BARRINGTON	State RI	Zip 02806	City PROVIDENCE	State RI	Zip 02903
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 JONATHAN J. FITTA			Director Name MARY FEELEY		
Street Address 259 COUNTY ROAD			Street Address 53 BANCROFT STREET		
City BARRINGTON	State RI	Zip 02806	City PEPPERELL	State MA	Zip 01463
Director Name MARY ALYCE GASBARRO			Director Name PATRICK CHEKAL		
Street Address 14 ROBBINS DRIVE			Street Address 46 LINCOLN AVENUE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
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 WILLIAM J. PICCERELLI				Date JUNE 19, 2018	
Signature of Officer/Authorized Representative <i>William J. Piccerelli, Treasurer</i> SIGN DOCUMENT HERE					

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

FORM 631 - Revised: 11/2017

COMMUNITY SCHOLARSHIP FUND OF BARRINGTON, INC.

Additional Information - 2018 Annual Report

Additional Officer:

Co-Secretary: Nancy Ryan / 21 Harrison Avenue / Barrington, RI 02806

Additional Directors:

Carolyn Materne / 275 New Meadow Road / Barrington, RI 02806

Nancy Simon / 8 Alden Road / Barrington, RI 02806

Susan Guikema-Roach / 25 Thomas Street/ Barrington, RI 02806

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