

State of Rhode Island and Providence Plantations

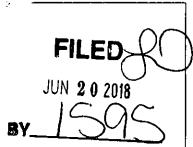
Department of State - Business Services Division

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	2. Exact name of the Corporation				
29378	COMMUNITY SCHOLARSHIP FUND OF BARRINGTON,IN				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND					
4. NAICS Code	ALLOCATION OF SCHOLARSHIP AWARDS				
813219 - Other Grantmaking a					
6. Principal Office Address	-		City	State	Zip
144 WESTMINSTER STREET			PROVIDENCE	RI	02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
WILLIAM J. PICCERELLI				JUNE 19, 2018	
Signature of Officer/Authorized Representative Milliam Auclicili, Prasine OCOMENT 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

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, Rt 02806

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

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