

Annual Report for the year: 2018 **Non-Profit Corporation**

-> Filing period: June 1 - June 30

→ Fiting Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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Entity ID Number 2. Exact name of the Corporation							
139852	The New NKHS Scholorship Fund						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Scholorship Fund						
4. NAICS Code]						
611110 - Elementary and Secor							
6. Principal Office Address			City	State	Zip		
3 Stone Gate Drive	Gate Drive			RI	02852		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name John V Gibbons Jr.			Vice-President Name Erin Dunne				
Street Address 3 Stone Gate Drive			Street Address 104 Case Street				
City North Kingstown	State RI	^{Zip} 02852	City West Roxbury	State Ma	Zip 02132		
Secretary Name Maureen Ricker		Treasurer Name Maureen Ricker					
Street Address 37 Landing Lane		Street Address 37 Landing Lane					
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	^{Zip} 02852		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Thomas Grennan			Director Name Erin Dunne				
Street Address 51 Jenkins Court			Street Address 104 Case Street				
City North Kingstown	State RI	^{Zip} 02852	City West Roxbury	State Ma	^{Zip} 02132		
Director Name Amy Dunne			Director Name None				
Street Address 9 Cutler Rd			Street Address				
City West Roxbury	State Ma	^{Zip} 02313	City	State	Zip		
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	Date		
Maureen A. Ricker				07-06-2018	07-06-2018		
Signature of Officer/Authorized Representative SIGN TO FIT 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