



Department of State - Business Services Division

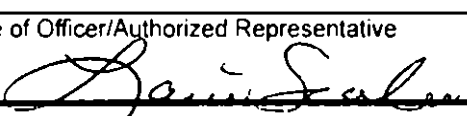
FILED

MAY 16 2019

BY COYB

Annual Report for the year: **2019**
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 000051731		2. Exact name of the Corporation Chris W. Cruickshank Scholarship Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide an annual scholarship to a high school student towards continued education.			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 97 Cross Street		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Laurie A. Scales			Vice-President Name George Cruickshank		
Street Address 30 Rockridge Road			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Stephen Cruickshank			Treasurer Name Elizabeth Cruickshank		
Street Address 4 Gull Terrace			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Laurie A. Scales			Director Name George Cruickshank		
Street Address 30 Rockridge Road			Street Address 4 Gull Terrace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Elizabeth Cruickshank			Director Name		
Street Address 4 Gull Terrace			Street Address		
City Westerly	State RI	Zip 02891	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, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Laurie A. Scales, President				Date 5/14/19	
Signature of Officer/Authorized Representative 				OR DOCUMENT HERE 