RI SOS Filing Number: 201993392800 Date: 5/16/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
MAY 16 2019
BY CAB

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	2. Exact name of the Corporation
000051731	**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	City	State	Zip
97 Cross Street	**Westerly**	**RI**	**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	Date
Laurie A. Scales, President	5/14/19

Signature of Officer/Authorized Representative: Laurie Scales — SIGN DOCUMENT HERE — President

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: 03/2019