



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

FILED

MAY 16 2019

BY CyB

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 <input type="checkbox"/>									
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 <input type="checkbox"/>									
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.									
<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 Laurie A. Scales, President							Date 5/14/19		
Signature of Officer/Authorized Representative 							OR DOCUMENT HERE		

MAIL TO:
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