



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

Annual Report for the year:
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

JUN 03 2019

BY

215

[Signature]

1. Entity ID Number 000027344		2. Exact name of the Corporation The Giovanni Folcarelli Memorial Scholarship Fund, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fund raising and scholarship distribution.			
4. NAICS Code 813211					
6. Principal Office Address 1179 Charles Street			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gloria Prevost			Vice-President Name NON		
Street Address 1179 Charles Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 J. Michael Downey			Director Name John Burns		
Street Address 1179 Charles Street			Street Address 1179 Charles Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Sue Gorniewicz			Director Name		
Street Address 1179 Charles Street			Street Address		
City North Providence	State RI	Zip 02904	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.					
<i>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>					
<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 Gloria Prevost				Date 2/1/19	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov