



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.

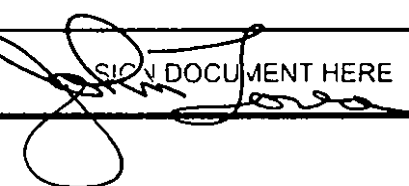
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02 STAFF

1. Entity ID Number 000396244		2. Exact name of the Corporation Marissa A. Lorea Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing financial aid in the form of scholarships to college bound students			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 37 Wilbur Road		City Lincoln		State RI	Zip 02865
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Lorea			Vice-President Name John Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Sandra Lorea			Treasurer Name Sandra Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 John Lorea			Director Name Sandra Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Briana Lorea			Director Name		
Street Address 37 Wilbur Road			Street Address		
City Lincoln	State RI	Zip 02865	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 John Lorea, Director					Date 6/5/2019
Signature of Officer/Authorized Representative 					

MAIL TO:
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