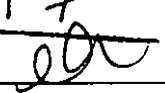




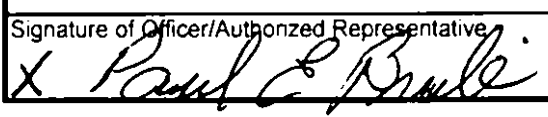
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
 STAMP
 JUN 10 2019
 BY 1117


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 533038		2. Exact name of the Corporation Deanna M. Brule Educational Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fundraising for Educational Scholarships			
4. NAICS Code 561409					
6. Principal Office Address 335 Market Street			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul E. Brule			Vice-President Name Dianne J. Brule		
Street Address 335 Market Street			Street Address 335 Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Lisa Cadima			Treasurer Name Lisa Cadima		
Street Address 527 Estherbrook Avenue			Street Address 527 Estherbrook Avenue		
City Dighton	State MA	Zip 02715	City Dighton	State MA	Zip 02715
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 Paul E. Brule			Director Name Dianne J. Brule		
Street Address 335 Market Street			Street Address 335 Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Tara Maloney			Director Name David Brule		
Street Address 501 Metacom Avenue			Street Address 500 Miller Street		
City Warren	State RI	Zip 02885	City Seekonk	State MA	Zip 02771
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 Paul E. Brule					Date 6-5-19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov