



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
STATE

JUN 14 2019

BY 303079

1. Entity ID Number 001092513		2. Exact name of the Corporation LOUIS A LAPERE MEMORIAL SCHOLARSHIP FUND			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide a scholarship to a senior graduating from Westerly High School			
4. NAICS Code 813211 - Grantmaking Foundat					
6. Principal Office Address 117 High 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 NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	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 PAULA LABARRE			Director Name LAURA WHITE		
Street Address 31 NORTH A STREET			Street Address 3 BELLEVUE AVENUE		
City TAFTVILLE	State CT	Zip 06380	City WESTERLY	State RI	Zip 02891
Director Name MARESA PRAY			Director Name FRANCIS LAPERE		
Street Address 24 OLSON PLACE			Street Address 20 CAMBRIDGE DRIVE		
City HIGGANUM	State CT	Zip 06348	City ORO VALLEY	State AZ	Zip 85704
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 PAULA LABARRE					Date 6/6/19
Signature of Officer/Authorized Representative <i>Paula Labarre</i>					SIGN DOCUMENT HERE

MAIL TO:
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Website: www.sos.ri.gov