RI SOS Filing Number: 201999147350 Date: 6/24/2019 4:00:00 PM

(PIG)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2019

FILED

JUN 2 4 2015 OV

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

	12
RY	10

— Premarty: Additional \$25.00 lee in		55. , 50.	RY 10	<u></u>	i				
. Entity ID Number 2. Exact name of the Corporation									
86076	Terence M. Handrigan Memorial Scholarship								
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island								
Rhode Island	Scholarship fund								
4. NAICS Code	1								
624110 - Child and Youth Se									
6. Principal Office Address			City	State	Zip				
1041 Ten Rod Road, Suite B			North Kingstown	RI	02852				
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Mark A. McSally			Vice-President Name None						
Street Address 1041 Ten Rod Road, Suite B			Street Address						
City N. Kingstown	State RI	^{Zip} 02852	City	State	Zıp				
Secretary Name Russell W. Hahn			Treasurer Name Mark A. McSally						
Street Address c/o 1041 Ten Rod Road, Suite B			Street Address c/o 1041 Ten Rod Road, Suite B						
^{City} N. Kingstown	State RI	^{Zip} 02852	City N. Kingstown	State RI	^{Zip} 02852				
8. List ALL directors (names and ad	8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Mark A. McSally			Director Name Russell W. Hahn						
Street Address 1041 Ten Rod Road, Suite B			Street Address c/o 1041 Ten Rod Road, Suite B						
^{City} N. Kingstown	State RI	^{Zip} 02852	City N. Kingstown	State RI	^{Zip} 02852				
Director Name Thomas Regan			Director Name						
Street Address 1041 Ten Rod Road, Suite B			Street Address						
City N. Kingstown	State RI	Zip 02882	City	State	Zip				
9. Registered Agent in Rhode Islan	d. This information i	s currently of recor	d in the Department of State. Chang	jes require filing Form 6	41.				
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 Repres	Date 6/19	[17							
Signafure of Officer/Authorized Representative SIGN DOCUMENT HERE									
		··· <u>·</u>	···						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov