



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

Annual Report for the year: **2019**
 Non-Profit Corporation

FILED

JUN 24 2019 *ov*

- 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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1. Entity ID Number 86076		2. Exact name of the Corporation Terence M. Handrigan Memorial Scholarship			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scholarship fund			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address 1041 Ten Rod Road, Suite B			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 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 <i>Mark A McSally</i>					Date <i>6/19/19</i>
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					SIGN DOCUMENT HERE

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