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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

2019

FILED

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→ Filing period June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is no

ot filed by July 30.	ער	222
ct name of the Corporation		· · ·

1. Entity ID Number 153015	2. Exact name of the Corporation Richard D. Salzillo Memorial Scholarship Fund						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	To provide scholarship stipends to selected graduating students of Johnston Senior						
4. NAICS Code	High School and other students who will be attending post-secondary school.						
813319 - Other Social Advoc							
6. Principal Office Address	•••		City	State	Zip		
1304 Atwood Avenue			Johnston	RI	02919		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Albert R. Salzillo			Vice-President Name Patricia Salzillo				
Street Address 6B Morgan Lane			Street Address 35 Inkberry Trail				
City Smithfield	State RI	^{Zip} 02917	City Narragansett	State RI	^{Zip} 02881		
Secretary Name			Treasurer Name				
Street Address		Street Address					
City	State	Zip	City	State	Zıp		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Albert R. Salzillo			Director Name Patricia Salzillo				
Street Address 6B Morgan Lane			Street Address 35 Inkberry Trail				
City Smithfield	State RI	^{Zip} 02917	City Narragansett	State RI	^{Zip} 02881		
Director Name Steven M. Placella			Director Name				
Street Address 1 Norwich Drive			Street Address				
City Johnston	State RI	^{Zip} 02919	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.							
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 Albert R. Salzillo, President				Date June 28. 2019			
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.n.gov