



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

JUL 19 2019 *o*

222

1. Entity ID Number 153015		2. Exact name of the Corporation Richard D. Salzillo Memorial Scholarship Fund					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide scholarship stipends to selected graduating students of Johnston Senior High School and other students who will be attending post-secondary school.					
4. NAICS Code 813319 - Other Social Advoc							
6. Principal Office Address 1304 Atwood Avenue				City Johnston		State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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		Zip 02881
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip		City		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 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		Zip 02881
Director Name Steven M. Placella				Director Name			
Street Address 1 Norwich Drive				Street Address			
City Johnston		State RI	Zip 02919		City		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 Albert R. Salzillo, President					Date June 28, 2019		
Signature of Officer/Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>							

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