



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

Annual Report for the year:

2020

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

MAY 28 2020

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1. Entity ID Number 1700732		2. Exact name of the Corporation ANTHONY MANCINI, JR. MEMORIAL SCHOLARSHIP FUND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE DESERVING HIGH SCHOOL SENIORS WITH OUTRIGHT GRANT SCHOLARSHIPS TO 4-YR COLLEGES.	
4. NAICS Code 624190			
6. Principal Office Address 99 CORLISS STREET		City PROVIDENCE	State RI Zip 02904
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JANE SHUGRUE		Vice-President Name ANDREA PRESTON	
Street Address 206 RIDGE ROAD		Street Address 612 SMITHFIELD RD #17	
City SMITHFIELD	State RI Zip 02917	City NORTH PROVIDENCE	State RI Zip 02904
Secretary Name ROBIN ALCOTT		Treasurer Name RUTH H. BERARD	
Street Address 8 DEBORAH ANN DRIVE		Street Address 26 COLD SPRING DRIVE	
City RHENOBOTH	State MA Zip 02769	City WEST WARWICK	State RI Zip 02893
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name PHILLIP DECECCO		Director Name ANN MEADOWS	
Street Address 3 MEADOW VIEW BLVD		Street Address 29 ORCHARD	
City NORTH PROVIDENCE	State RI Zip 02904	City GREENVILLE	State RI Zip 02828
Director Name FR. NICK MILAS		Director Name	
Street Address 15 CANDICE COURT		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 RUTH H. BERARD			Date MAY 26, 2020
Signature of Officer/Authorized Representative Ruth H. Berard			

## MAIL TO:

Division of Business Services

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