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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: Non-Profit Corporation

2020

JUN 08 2020STAMP

BY 119305

- → Filing period. June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of the Corporation					
29387	Scholarship Foundation of East Providence Inc.					
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Awarding scholarships to East Providence Students					
4. NAICS Code]					
813219 - Other Grantmaking	;					
6. Principal Office Address	·		City	State	Zip	
50 Mayflower Street			East Providence	RI	02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Joseph Durand			Vice-President Name Joan Kent			
Street Address 1 Redway Circle			Street Address 50 Mayflower Street			
City East Providence	State RI	^{Zip} 02916	City East Providence	State RI	^{Zip} 02914	
Secretary Name Susan Jordan			Treasurer Name Toni-Mara Spencer			
Street Address 88 Harris Street			Street Address 327 Sutton Avenue			
City East Providence	State RI	^{Zip} 02915	City East Providence	State RI	^{Zip} 02914	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Patsy Hawksley			Director Name Stephen Bentz			
Street Address 32 Holden Road			Street Address 24 Dalton Street			
City South Kingstown	State RI	^{Zip} 02879	City East Providence	State RI	^{Zip} 02916	
Director Name Louise Paiva			Director Name			
Street Address 81 Harris Street			Street Address			
City East Providence	State RI	^{Zip} 02915	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				Date	1 7 7 7	
Joan Kent, Vice-President 5-24-20					1-20	
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.ri.gov