



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

Annual Report for the year:
Non-Profit Corporation

2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
JUN 03 2020

02

141

1. Entity ID Number 06580		2. Exact name of the Corporation CRIS ANTONELLI NEW ENGLAND SCHOLARSHIP FUND	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE ASSISTANCE TO ANY CHARITABLE, EDUCATIONAL OR INDIVIDUALS WITH SPECIAL EMPHASIS ON CHALLENGED CITIZENS.	
4. NAICS Code 813219			
6. Principal Office Address 1 VENTRY DRIVE		City CUMBERLAND	State R.I.
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARY NEWCOMBE		Vice-President Name ALFRED MADDELENA	
Street Address 50 NEW ESTATE ROAD		Street Address 50 ROXBURY COURT	
City LITTLETON	State MA.	City NIAUTIC	State CT.
Zip 01460		Zip 06357	
Secretary Name PATRICIA MADDELENA		Treasurer Name ERNEST LAPLANTE	
Street Address 50 ROXBURY COURT		Street Address 1 VENTRY DRIVE	
City NIAUTIC, CT.	State CT.	City CUMBERLAND	State R.I.
Zip 06357		Zip 02864	
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 JAMES WALSH		Director Name DOUGLAS LORRABEE	
Street Address 14 WHITEHALL ROAD		Street Address 11 WEST CHESTNUT ST.	
City HODKSETT,	State N.H.	City MECHANIC FALLS,	State ME.
Zip 03106		Zip 04252	
Director Name A. SCOTT NEWCOMBE		Director Name CHARLES CAVALLARO	
Street Address 36 WILL THOMPSON WAY		Street Address 6 HEBDEEN ST.	
City FITCH BURG	State MA.	City JOHNSON	State R.I.
Zip 01420		Zip 02869	
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 ERNEST LAPLANTE			Date 6-1-2020
Signature of Officer/Authorized Representative <i>Ernest LaPlante</i> SIGN DOCUMENT HERE			