RI SOS Filing State of Rhode Island and			Date: 6/8/2020 4:0	0:00 PM	
Department of Stat			ivision		
nnual Report for the year: on-Profit Corporation	2020		FILED		
 → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30. 			JUN 08 2020		
1. Entity ID Number 000026738		of the Corporation th P Huss	ey Memorial Nu	rsing Schola	arship Fund
3. State of Incorporation RI 4. NAICS Code B13219 - Other Grantmaki		*	ter of business conducted in opportunities for resider		I in the field of
Principal Office Address			City	State	Zip
281 Green End Avenue			Middletown	RI	02842
7. List ALL officers (names and add	iresses)		•	Check the box to ind	icate an attachment
President Name Victorie Picard			Vice-President Name Leonard Silvia		
Street Address 87 Girard Avenue			Street Address 281 Green End Ave		
Dity Newport	State RI	^{Zip} 02840	City Middletown	State RI	^{Zip} 02842
Secretary Name Amy S Ruggiero			Treasurer Name Prudnce Silvia		
Street Address 287 Green End Ave			Street Address 281 Green End Ave		
^{City} Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
3. List ALL directors (names and ac	ldresses). RI C	orporations MUST	list at least THREE directors	. Check the box to ind	icate an attachment
Director Name Victorie Picard			Director Name Leonard Silvia		
Street Address 87 Girard Ave			Street Address 281 Green End Ave		
^{City} Newport	State RI	^{Zip} 02840	City Middletown	State RI	Zip 02842
Director Name Prudence Silvia			Director Name Amy S. Ruggiero		
Street Address 281 Green End Ave			Street Address 287 Green End Ave		
^{City} Middletown	State RI	^{Zip} 02842	City Middletown	State RI	^{Zip} 02842
9. Registered Agent in Rhode Islan	d. This informati	on is currently of reco	rd in the Department of State, C	hanges require filing Form (641

Signature of Officer/Authorized Representative

Name of Officer/Authorized Representative

SIGN DOCUMENT HERE

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Nebsite:** www.sos.ri.gov

Prudence Silvia

06/02/2020