



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

JUN 08 2020

BY

197 DS

1. Entity ID Number 139852		2. Exact name of the Corporation The New NKHS Scholarship Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scholarship Fund			
4. NAICS Code 611110 - Elementary and Sec					
6. Principal Office Address 3 Stone Gate Drive			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John V Gibbons Jr			Vice-President Name Erin Dunne		
Street Address 3 Stone Gate Drive			Street Address 104 Case St		
City North Kingstown	State RI	Zip 02852	City West Roxbury	State Ma	Zip 02132
Secretary Name Maureen Ricker			Treasurer Name Maureen Ricker		
Street Address 37 Landing Lane			Street Address 37 Landing Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Thomas Grennan			Director Name Erin Dunne		
Street Address 51 Jenkins Court			Street Address 104 Case St		
City North Kingstown	State RI	Zip 02852	City West Roxbury	State Ma	Zip 02132
Director Name Amy Dunne			Director Name None		
Street Address 9 Cutler Road			Street Address		
City West Rosbury	State Ma	Zip 02313	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.					
<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 Maureen A Ricker				Date 06-03-2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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