



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000747897

2. Name of Corporation Douglas S. Roth Memorial Scholarship Fund, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 241 BUTLER AVE

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A. TO EDUCATE NORTH KINGSTOWN HIGH SCHOOL SENIORS ABOUT THE SPIRIT AND LIFE OF DOUGLAS S. ROTH SO THEY CAN PERPETUATE HIS IDEAS OF COMMUNITY SERVICE, B. TO COOPERATE WITH NORTH KINGSTOWN HIGH SCHOOL TO CHARITABLY HELP FINANCIALLY NEEDY STUDENTS WHO WILL MAJOR IN JOURNALISM IN COLLEGE OR UNIVERSITY; C. TO EMPHASIZE DOUGLAS S. ROTH'S PASSION FOR SPORTS AND COMMUNITY SERVICE; D. TO RECEIVE, MAINTAIN, AND ACCEPT AS ASSETS OF THE CORPORATION, ANY PROPERTY, WHETHER REAL,

PERSONAL, OR MIXED, BY WAY OF GIFT, BEQUEST, DEVISE, OR PURCHASE FROM ANY PERSON, FIRM, TRUST, OR CORPORATION, TO BE HELD, ADMINISTERED, AND DISPOSED OF EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IN ACCORDANCE WITH AND PURSUANT TO THE PROVISIONS OF THESE ARTICLES OF INCORPORATION; BUT NO GIFT, BEQUEST, DEVISE, OR PURCHASE OF ANY SUCH PROPERTY SHALL BE RECEIVED OR MADE AND ACCEPTED IF IT IS CONDITIONED OR LIMITED IN SUCH MANNER AS SHALL REQUIRE THE DISPOSITION OF INCOME OR PRINCIPAL TO ANY ORGANIZATION OTHER THAN A CHARITABLE ORGANIZATION OR FOR ANY PURPOSES OTHER THAN CHARITABLE PURPOSES WHICH WOULD JEOPARDIZE THE STATUS OF THE CORPORATION AS AN ENTITY EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO THE RELEVANT PROVISIONS OF THE INTERNAL REVENUE CODE, AS AMENDED; AND E. TO EXCLUSIVELY PROMOTE AND CARRY ON ANY OTHER RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES AND ACTIVITIES FOR WHICH CORPORATIONS MAY BE ORGANIZED AND OPERATED UNDER THE RELEVANT PROVISIONS OF THE INTERNAL REVENUE CODE, AS AMENDED, AND UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ELLEN CHOPOORIAN	241 BUTLER AVE PROVIDENCE, RI 02906 USA
DIRECTOR	KIMBERLY ANN PAGE	24 EDEN COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOHN ROTH	15114 OUTLOOK OVERLAND PARK, KS 66223 USA
DIRECTOR	PAUL DION	34 SALEM DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	RANDY SALISBURY	8806 SLATER OVERLAND PARK, KS 66212 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARY ELLEN CHOPOORIAN 138 ALBERT AVENUE CRANSTON , RI 02905

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

Signed this 30 Day of June, 2020 at 10:11:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARY ELLEN CHOPOORIAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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