



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

JUL 08 2020

BY 119 DS

1. Entity ID Number 866123		2. Exact name of the Corporation Austin Memorial Scholarship Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable; benevolent; educational; civic; patriotic; social; recreational; fraternal; literary; cultural; athlete; scientific; agricultural; horticultural; and animal husbandry purposes permitted pursuant to R.I.G.L. Section 7-6-4(1).			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 107 Spring Street		City Hope Valley		State RI	Zip 02832
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Austin			Vice-President Name Greg Guillette		
Street Address 107 Spring Street			Street Address 606 Shannock Road		
City Hope Valley	State RI	Zip 02832	City Wakefield	State RI	Zip 02879
Secretary Name Julie Wichert			Treasurer Name Julie Wichert		
Street Address 20 Teaberry Lane			Street Address 20 Teaberry Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 Christine Austin			Director Name Greg Guillette		
Street Address 107 Spring Street			Street Address 606 Shannock Road		
City Hope Valley	State RI	Zip 02832	City Wakefield	State RI	Zip 02879
Director Name Julie Wichert			Director Name		
Street Address 20 Teaberry Lane			Street Address		
City Hope Valley	State RI	Zip 02832	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 Christine Austin					Date 6/29/20
Signature of Officer/Authorized Representative <i>Christine Austin</i>					SIGN DOCUMENT HERE