RI SOS Filing Number: 202196691680 Date: 5/18/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 AMP
MAY 18 2021
BY

1. Entity ID Number	2. Exact name of the Corporation
116581287	**The Judy Weidele Memorial Scholarship**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: For the purpose of raising funds, providing scholarships, and supporting education. This organization is organized exclusively for charitable, religious, educational, and scientific fupposes under Section 501(c)(3) of the Internal Revenue Code.
4. NAICS Code: 813211 - Grantmaking Found	

6. Principal Office Address	City	State	Zip
137 Anan Wade Road	North Sciatuate	RI	02857

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Chriatopher Stanley			Vice-President Name: Charles Stockwell		
Street Address: 402 Market Street			Street Address: 76 A Winsor Road		
City: Warren	State: RI	Zip: 02885	City: Foster	State: RI	Zip: 02825
Secretary Name: Joan Kenney			Treasurer Name: Antonia Hays		
Street Address: 170 Old Plainfield Pike			Street Address: 37 Wood Road		
City: Foster	State: RI	Zip: 02825	City: Chepachet	State: RI	Zip: 02814

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Christopher Stanley			Director Name: Charles Stockwell		
Street Address: 402 Market Street			Street Address: 76 A Winsor Road		
City: Warren	State: RI	Zip: 02885	City: Foster	State: RI	Zip: 02825
Director Name: Joan Kenney			Director Name: Antonia Hays		
Street Address: 170 Old Plainfield Pike			Street Address: 37 Wood Road		
City: Foster	State: RI	Zip: 02825	City: Chepachet	State: RI	Zip: 02814

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
ANTONIA A. HAYS	May 10 2021

Signature of Officer/Authorized Representative: Antonia A. Hays

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020