



State of Rhode Island

Department of State - Business Services Division

FILED
 JUN 14 2021
 BY

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.

1. Entity ID Number 95205		2. Exact name of the Corporation Darren A. Schongold Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Hold and invest funds to award scholarships to North Kingstown High School graduates.			
4. NAICS Code 813211 - Grantmaking Found <input type="checkbox"/>					
6. Principal Office Address 875 Centerville Road, Bldg. 2, Suite 6			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth E. Schongold			Vice-President Name Steve Schongold		
Street Address 13525 Troia Drive			Street Address 4 Leo Road		
City Estero	State FL	Zip 33928	City Sharon	State MA	Zip 02067
Secretary Name Cheryl Schongold			Treasurer Name Kenneth Schongold		
Street Address 13525 Troia Drive			Street Address 13525 Troia Drive		
City Estero	State FL	Zip 33928	City Estero	State FL	Zip 33928
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 Evelyn Bender			Director Name Paul Stubbs		
Street Address 27002 Barletta Lane, Apt. 2711			Street Address 141 Medell Road		
City Estero	State FL	Zip 33928	City Rochester	State MA	Zip 02770
Director Name Paul Tatreault			Director Name		
Street Address 181 Candy Apple Lane			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Kenneth Schongold					Date 6/7/21
Signature of Officer/Authorized Representative					

MAIL TO:
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