



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.

JUN 17 2021

100B

1. Filing ID Number 45128		2. Exact name of the Corporation Daniel E. Mazzulla Memorial Scholarship Fund					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To sponsor sports programs in order to raise monies to fund a charitable scholarship award					
4. NAICS Code 813319 - Other Social Advoc							
6. Principal Office Address 1304 Atwood Avenue				City Johnston		State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Michael Mazzulla				Vice-President Name Donna Pizzi			
Street Address 31 Elisha Mathewson Road				Street Address 9 Violet Street			
City Scituate		State RI	Zip 02928		City Johnston		State RI
						Zip 02919	
Secretary Name Robin Christensen				Treasurer Name Vincent Jackvony, Jr.			
Street Address 31 Elisha Mathewson Road				Street Address 30 Harrington Avenue			
City Scituate		State RI	Zip 02928		City Scituate		State RI
						Zip 02931	
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 Michael Mazzulla				Director Name Donna Pizzi			
Street Address 31 Elisha Mathewson Road				Street Address 9 Violet Street			
City Scituate		State RI	Zip 02928		City Johnston		State RI
						Zip 02919	
Director Name Robin Christensen				Director Name Vincent Jackvony, Jr.			
Street Address 31 Elisha Mathewson Road				Street Address 30 Harrington Avenue			
City Scituate		State RI	Zip 02928		City Scituate		State RI
						Zip 02931	
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 Michael Mazzulla, President						Date June 11, 2021	
Signature of Officer/Authorized Representative 							

MAIL TO:
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 Website: www.sos.ri.gov