



**State of Rhode Island  
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:** 2021

**1. Corporate ID No.** 001690733

**2. Name of Corporation** Ritchie Allon Morse Scholarship Fund

**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

**4. Principal Office Address**

No. and Street: 193 BEACON DRIVE  
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE PURPOSE OF THE FUND SHALL BE TO PROVIDE FINANCIAL ASSISTANCE TO TWO (2) HIGH SCHOOL SENIORS WHO PREVIOUSLY PLAYED THREE (3) YEARS OF POP WARNER FOOTBALL OR CHEERLEADING FOR THE NORTH KINGSTOWN JAGUARS ORGANIZATION AND WHO DESIRE TO FURTHER THEIR EDUCATION AFTER HIGH SCHOOL. 501(C)(3)

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | RITCHIE MORSE                                  | 132 KING PHILLIP DRIVE<br>NORTH KINGSTOWN, RI 02852 USA    |
| DIRECTOR  | RITCHIE MORSE                                  | 132 KING PHILLIP DRIVE<br>NORTH KINGSTOWN, RI 02852 USA    |
| DIRECTOR  | LESLIE MORSE                                   | 132 KING PHILLIP DRIVE<br>NORTH KINGSTOWN, RI 02852 USA    |
| DIRECTOR  | JOHN EDWARD ROY                                | 193 BEACON DRIVE<br>NORTH KINGSTOWN, RI 02852 USA          |
| DIRECTOR  | CARRIE MORSE                                   | 132 KING PHILLIP DRIVE<br>NORTH KINGSTOWN, RI 02852 USA    |

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

JOHN ROY 193 BEACON DRIVE NORTH KINGSTOWN , RI 02852

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

**Signed this 1 Day of July, 2021 at 2:25:59 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 JOHN ROY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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