



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

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.

STAMP

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 JUL -9 A 10:47

1. Entity ID Number 1027250		2. Exact name of the Corporation Shannanish Memorial Foundation	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A non-profit with the purpose of establishing a school in memory of a child to educate and help the unfortunate.	
4. NAICS Code 813110			
6. Principal Office Address 14 Osborn St. Apt 2		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tracy C. Baird		Vice-President Name William Zick Sr.	
Street Address 14 Osborn St. Apt 2		Street Address 20 Diamond St.	
City Providence	State RI	City Providence	State RI Zip 02907
Secretary Name Maurice Smith		Treasurer Name Vernon Wells	
Street Address 6436 Girard Ave		Street Address 47 Diamond St.	
City Philadelphia	State PA Zip 19151	City Providence	State RI Zip 02903
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 Randy Wright		Director Name Michael R. Adams	
Street Address 202 Shawbrook Blvd		Street Address 95 St Annand St	
City Upper Darby	State PA Zip 19082	City Newing Mills	State MD Zip 21117
Director Name Scott Myhrman		Director Name	
Street Address 307 Babro Area		Street Address	
City Darby	State PA Zip 19023	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.			
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 Tracy C. Baird			Date 7/9/2021
Signature of Officer/Authorized Representative Tracy Baird			

FILED

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

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BY TDSA J  
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