RI SOS Filing Number: 202199379530 Date: 7/15/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division				F:	F!'.\?'D	
Annual Report for the year: Non-Profit Corporation	2021			JUL	1 5 2021	
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if for	orm is not filed	by July 30		BY	104	
1. Entity ID Number 001659913	Exact name of the Corporation Ken Skitt Memorial Scholarship					
3 State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To provide a yearly \$500 scholarship to a qualifying Johnston High School Senior					
4. NAICS Code						
813219 - Other Grantmaking and						
6 Principal Office Address			City	State	Zip	
1 Maplecrest Dr.			Greenville	RI	02828	
7. List ALL officers (names and addi	resses)			Check the box to ind	licate an attachment	
President Name Beverly Skitt			Vice-President Name None			
Street Address 1 Maplecrest Dr.			Street Address			
City Greenville	State RI	Zip 02828	City	State	Zip	
Secretary Name None			Treasurer Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8 List ALL directors (names and add	dresses). RI C	corporations MUST	list at least THREE directors	i. Check the box to ind	licate an attachment	
Director Name Tara Sczerbinski			Director Name Bereily Stitt			
Street Address 22 Hilton Dr			Street Address \	1200 table	0(
City Johnston	Slate	Zip RI	City (TOON)	State 5	I Zip ()	
Director Name Lianne Denham			Director Name			
Street Address 12 Foxwood Dr			Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zıp	
9. The Registered Agent information	of record with	the RI Departmen	t of State is accurate. Chang	ges require filing Form 64	11.	
Under penalty of perjury, I declare statements, and that all statemen				y accompanying sched	dules and	
This report must be signed by either the President	dent, Vice-Preside	int, Secretary, Assistant	Secretary, Treasurer, duly Authorized	Representative, Receiver or Tr	ust ee .	
Name of Officer/Authorized Representative President				Date 6/30/21	l l	
Signature of Officer/Authorized Repr		bett				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov