



State of Rhode Island

Department of State - Business Services Division

Division of Business Services

Form 631 - Revised 08/2020

FILED STAMP
JUL 20 2021

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 000076629		2. Exact name of the Corporation THE STEVEN M. SHAW MEMORIAL FUND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PERPETUATE THE MEMORY OF A POLICE OFFICER KILLED IN THE LINE OF DUTY.	
4. NAICS Code 813119			
6. Principal Office Address P.O. Box 15284		City RIVERSIDE	State RI
		Zip 02915	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name TABATHA GLAVIN		Vice-President Name	
Street Address P.O. Box 15284		Street Address	
City RIVERSIDE	State RI	Zip 02915	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name MARIA SHAW		Director Name ROBERT SHAW	
Street Address 38 SPENCER ROAD		Street Address 76 LABAN STREET	
City SMITHFIELD	State RI	Zip 02828	City PROVIDENCE
State RI	Zip 02828	City PROVIDENCE	State RI
Zip 02828		Zip 02909	
Director Name PAMELA SHAW		Director Name	
Street Address 76 LABAN STREET		Street Address	
City PROVIDENCE	State RI	Zip 02909	
State RI	Zip 02909		
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 TABATHA GLAVIN		Date 7/16/21	
Signature of Officer/Authorized Representative			

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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