



**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.** 000122919

**2. Name of Corporation** Newport Fall River Star Kids Scholarship Program

**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: 31 JOHN CLARKE ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

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**

PROVIDING FINANCIAL ASSISTANCE AND PERSONAL SUPPORT TO DISADVANTAGED STUDENTS WHOSE EDUCATIONAL PROSPECTS WOULD OTHERWISE BE POOR INCLUDING, AMONG OTHER THINGS, PAYING THE COST OF TUITION TO PRIVATE RI AND MA ELEMENTARY AND HIGH SCHOOLS

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	KEN MOLDOW	409 GIBBS AVENUE NEWPORT, RI 02840 USA
TREASURER	SUSIE HILL	5 ATLANTIC AVENUE NEWPORT, RI 02840 USA
SECRETARY	JANE FLEMING	15 HAMMERSMITH ROAD, #32 NEWPORT, RI 02840 USA
FOUNDER PRESIDENT EMERITUS	DR. TIM FLANIGAN	127 HIGHLAND AVENUE TIVERTON, RI 02878 USA
DIRECTOR	LORI HOGAN	115 SIGOURNEY ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	LISA LEWIS	25 BRIDGE STREET NEWPORT, RI 02840 USA
DIRECTOR	CRISTA DURAND	11 FRIENDSHIP ST NEWPORT, RI 02840 USA
DIRECTOR	KATHY WATTLES	43 ROCKBRIDGE DRIVE LITTLE COMPTON, RI 02837 USA
DIRECTOR	JOHN PERREIRA	285 CORYS LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	SHEILA POWELL	210 FARMLANDS DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	KATE GREENMAN	300 PARADISE AVENUE MIDDLETOWN, RI 02842 USA
DIRECTOR	JENNIFER FULHAM HUNTLEY	114 2ND STREET NEWPORT, RI 02840 USA
DIRECTOR	RHONDA R. MITCHELL	285 CORYS LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	BOB WESTON	25 COTTRELL ROAD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	JAMES PURVIANCE	86 MILL ST NEWPORT, RI 02840 USA
DIRECTOR	ANNE DAVIDGE	115 NANAQUAKET ROAD TIVERTON, RI 02878 USA
DIRECTOR	LIZ ALOFSIN	191 WYNDHAM HILL ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	LAUREN DANA	67 BRIDGE STREET NEWPORT, RI 02840 USA
DIRECTOR	ERIC MACK	ONE FINANCIAL PLAZA PROVIDENCE, RI 02906 USA
DIRECTOR	MAUREEN KERRIGAN	9 WILDERNESS DRIVE NARRAGANSETT, RI 02879 USA
DIRECTOR	WILLIAM HALL	190 FERRY LANDING CIRCLE, #10F PORTSMOUTH, RI 02871 USA
DIRECTOR	ELIZABETH RANDALL	105 KAY STREET NEWPORT, RI 02840 USA
DIRECTOR	LARRY ALLEN	418 EAST SHORE DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	VICTORIA HILL	ONE GUERNEY CT NEWPORT, RI 02840 USA
DIRECTOR	MIKE JILLING	111 WASHINGTON STREET MATUNUCK, RI 02879 USA

DIRECTOR	RACHAEL ROWMANOWSKI	109 STAGE COACH RD PORTSMOUTH, RI 02871 USA
DIRECTOR	LISA SIENKIEWICZ	PO BOX 507 BRISTOL, RI 02809 USA
DIRECTOR	CHARLES WEEDEN	125 FLANAGAN RD. PORTSMOUTH, RI 02871 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**

KATHERINE G. STARK 31 JOHN CLARKE ROAD MIDDLETOWN , RI 02842

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

**Signed this 6 Day of August, 2021 at 11:59:55 AM 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 KATHY GIBLIN STARK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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