State of Rhode Island
Department of State - Business Services Division

SEP 29 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	2. Exact name of the Corporation
153015	Richard D. Salzillo Memorial Scholarship Fund
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide scholarship stpends to selected graduating students of Johnston Senior High School and other students who will be attending post-secondary school
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
1304 Atwood Avenue	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Albert R. Salzillo			Vice-President Name: Patricia Salzillo		
Street Address: 6B Morgan Lane			Street Address: 35 Inkberry Trail		
City: Smithfield	State: RI	Zip: 02917	City: Narragansett	State: RI	Zip: 02881
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Albert R. Salzillo			Director Name: Patricia Salzillo		
Street Address: 6B Morgan Lane			Street Address: 35 Inkberry Trail		
City: Smithfield	State: RI	Zip: 02917	City: Narragansett	State: RI	Zip: 02881
Director Name: Steven M. Placella			Director Name:		
Street Address: 1 Norwich Drive			Street Address:		
City: Johnston	State: RI	Zip: 02919	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	Date
Albert R. Salzillo, President	06/29/2021

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

FORM 631 - Revised: 08/2020