



**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. 000027196

2. Name of Corporation The Frederick J. Benson Scholarship Fund, Inc.

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



813219

4. Principal Office Address

No. and Street: 1569 GRACES COVE ROAD

PO BOX 90

City or Town: BLOCK ISLAND

State: RI Zip: 02807 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

COLLEGE SCHOLARSHIP FOR BLOCK ISLAND HIGH SCHOOL GRADUATES

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELE PHELAN	PO BOX B-2 PAYNE FARM BLOCK ISLAND, RI 02807 USA

DIRECTOR	JOHN DESMARAIS	P.O. BOX 10 BLOCK ISLAND, RI 02807 USA
DIRECTOR	SCOTT FOWLER	PO BOX 652, BEACON HILL ROAD BLOCK ISLAND, RI 02807 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

MICHELE PHELAN 123 OCEAN AVENUE P.O. BOX 276 BLOCK ISLAND , RI 02807

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

Signed this 27 Day of October, 2021 at 2:52:04 PM 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 GAIL P HALL
Signature of Authorized Person

Form No. 631
Revised 09/07

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