



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2017**

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 DEC 17 PM 1:03

1. Entity ID Number 000098789		2. Exact name of the Corporation Joseph G. LeCount Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SCHOLARSHIPS			
4. NAICS Code 813211		TITLE: 7-6			
6. Principal Office Address 807 BROAD STREET, SUITE 100			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DONALD CUNNIGEN			Vice-President Name N/A		
Street Address 3714A KINGSTOWN ROAD			Street Address N/A		
City WEST KINGSTON	State RI	Zip 02892	City N/A	State N/A	Zip N/A
Secretary Name N/A			Treasurer Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Donald Cunneigh			Director Name Casby Harrison, III		
Street Address 3714A Kingstown Rd			Street Address 807 Broad Street, Suite 100		
City West Kingston	State RI	Zip 02892	City Providence	State RI	Zip 02907
Director Name Amir Pethiweh			Director Name N/A		
Street Address 73 Midwood Street			Street Address N/A		
City Cranston	State RI	Zip 02910	City N/A	State N/A	Zip N/A
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 CASBY HARRISON, III				Date 11/19/21	
Signature of Officer/Authorized Representative 				FILED DEC 17 2021 BY: cmc yk 1:17	