RI SOS Filing Number: 202107214560 Date: 12/17/2021 1:16:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016

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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1. Entity ID Number	2. Exact name of the Corporation
000098789	Joseph G. LeCount Scholarship Fund
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: SCHOLARSHIPS TITLE: 7-6
4. NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
807 BROAD STREET, SUITE 100	Providence	RI	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: ~~N/A~~ Donald Cunnigen			Director Name: N/A Casby Harrison, III		
Street Address: ~~N/A~~ 3714A Kingstown Rd			Street Address: ~~N/A~~ 807 Broad Street, Suite 100		
City: ~~N/A~~ West Kingston	State: ~~N/A~~ RI	Zip: ~~N/A~~ 02892	City: ~~N/A~~ Providence	State: ~~N/A~~ RI	Zip: ~~N/A~~ 02907
Director Name: ~~N/A~~ Amir Pettiwagen			Director Name: N/A		
Street Address: ~~N/A~~ 73 Midwood Street			Street Address: N/A		
City: ~~N/A~~ Cranston	State: ~~N/A~~ RI	Zip: ~~N/A~~ 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	Date
CASBY HARRISON, III	11/19/21

Signature of Officer/Authorized Representative

FILED
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BY CM CMC Y/C
1:16

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