RI SOS Filing Number: 202329174710 Date: 2/21/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty Additional $25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 21 2023 FOR
BY 11e819

1. Entity ID Number	2. Exact name of the Corporation
001725684	Flynn J. Sullivan Memorial Caddie Scholarship
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Make Educational Grants
4. NAICS Code: 813211 - Grantmaking Foundati	

6. Principal Office Address	City	State	Zip
100 Strathmore St.	Narragansett	RI	02882

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

President Name: James Douglas Gilbert			Vice-President Name:		
Street Address: 100 Strathmore St.			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name: James C. Sullivan			Treasurer Name: James Douglas Gilbert		
Street Address: 65 Boston Neck Rd			Street Address: 100 Strathmore St.		
City: North Kingstown	State: RI	Zip: 02852	City: Narragansett	State: RI	Zip: 02882

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

Director Name: James Douglas Gilbert			Director Name: James C. Sullivan		
Street Address: 100 Strathmore St.			Street Address: 65 Boston Neck Rd		
City: Narragansett	State: RI	Zip: 02882	City: North Kingstown	State: RI	Zip: 02852
Director Name: Gerald E. Lavalee			Director Name: Linda Field Kortick		
Street Address: 134A Edgewood Farm Rd.			Street Address: 155 Boston Neck Rd.		
City: Wakefield	State: RI	Zip: 02879	City: North Kingstown	State: RI	Zip: 02852

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
James C. Sullivan	1-26-23

Signature of Officer/Authorized Representative: James C. Sullivan

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: 11/2021