



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

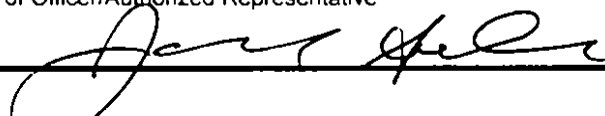
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 21 2023 FOR

BY 116819

1. Entity ID Number 001725684		2. Exact name of the Corporation 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 Foundatio					
6. Principal Office Address 100 Strathmore St.		City Narragansett		State RI	Zip 02882
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 James C. Sullivan				Date 1-26-23	
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