

**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: February 1 - May 1

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: 2023**1. Corporate ID No.** 001700732**2. Name of Corporation** Anthony Mancini, Jr. Memorial Scholarship Fund**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

624190**4. Principal Office Address**No. and Street: 99 CORLISS STREETCity or Town: PROVIDENCE State: RI Zip: 02904 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROVIDE SCHOLARSHIPS FOR FAMILY MEMBERS OF THE P.T.U.R.C**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
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DIRECTOR	RUTH BERARD	26 COLD SPRING DR WEST WARWICK, RI 02893 USA
DIRECTOR	ANDREA MANCINI	612 SMITHFIELD RD #17 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ANNA SACCOCCIO	33 B ST CRANSTON, RI 02920 USA
DIRECTOR	PEARL HOLLOWAY	67 GEORGE ARDEN DR WARWICK, RI 02886 USA
DIRECTOR	ROBIN ALCOTT	8 DEBORAH ANN DR REHOBOTH, MA 02769 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

ANNA SACCOCCIO 99 CORLISS STREET PROVIDENCE , RI 02904-2601

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

Signed this 17 Day of March, 2023 at 3:00:25 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 ANNA M. SACCOCCIO
Signature of Authorized Person

Form No. 631
Revised 09/07

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