



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**

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.

FILED

APR 27 2023
BY 1941
143

1. Entity ID Number 00170 1867		2. Exact name of the Corporation The Matthew Sheehan Memorial Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Matthew Sheehan Memorial Foundation is a non-profit organization established in the memory of Matthew Sheehan, a 28 year old from Rhode Island who died on July 30, 2019. The foundation is established to award college scholarships to high school seniors who demonstrate academic success and community service.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address P.O. Box 5243			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cindy McVeigh			Vice-President Name		
Street Address 12 Park Ave., Unit 5			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Cindy McVeigh			Director Name Carly Sheehan		
Street Address 12 Park Ave., Unit 5			Street Address 89 Crittenden Blvd.		
City Narragansett	State RI	Zip 02882	City Rochester	State NY	Zip 02879
Director Name Ann Cibelli			Director Name Denise Columbino		
Street Address 149 Kings Ridge Road			Street Address 325 Sweet Allen Farm		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Cindy McVeigh				Date 4-25-23	
Signature of Officer/Authorized Representative Cindy McVeigh				SIGN DOCUMENT HERE	

MAIL TO:
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