State of Rhode Island Fee: \$20.00 Office of the Secretary of State State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
1636 (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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>
1. Corporate ID No. 000109631
2. Name of Corporation Hibernian Scholarship Trust, Inc.
3. State of Incorporation
State: <u>RI</u>
NAICS CODE
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 <u>click here.</u>
NAICS Code
<u>813211</u>
4. Principal Office Address
No. and Street: <u>2 WELLINGTON AVENUE</u>
City or Town:NEWPORTState: \underline{RI} Zip: $\underline{02840}$ Country: \underline{USA}
5. Brief Description of the Character of the Affairs Conducted in Rhode Island
TO GRANT FINANCIAL SCHOLARSHIPS AND TO PROVIDE FINANCIAL ASSISTANCE
TO INDIVIDUALS TO UNDERTAKE FORMAL STUDY AT ANY ACCREDITED COLLEGE.
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
PRESIDENT	DAVID KERINS	6 HASLEY STREER NEWPORT, RI 02840 USA
PRESIDENT	DAVID PAUL KERINS	6 HALSEY STREET NEWPORT , RI 02840 USA
DIRECTOR	AUSTIIN BEHAN	2 WELLINGTON AVE NEWPORT, RI 02840 USA
DIRECTOR	RYAN KIRWIN	2 WELLINGTON AVE NEWPPORT, RI 02840 USA
DIRECTOR	ANDREW BEHAN	2 WELLINGTON AVE NEWPORT, RI 02840 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

JACK SWEENEY 2 WELLINGTON AVENUE NEWPORT , RI 02840

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 August, 2023 at 6:26:47 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 DAVID KERINS

Signature of Authorized Person

Form No. 631 Revised 09/07

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