

**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 - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 001663959**2. Name of Corporation** National Utility Contractors Association of RI (NUCARI) Scholarship Fund**3. State of Incorporation**State: RI**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 [click here](#).

NAICS Code

813910**4. Principal Office Address**No. and Street: 38 ALBION RDCity or Town: LINCOLNState: RIZip: 02865Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, THE MAKING OF DISTRIBUTIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE IRS CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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
DIRECTOR	PAUL HESLAM	38 ALBION RD LINCOLN, RI 02865 USA
DIRECTOR	BRUCE IANNUCCILLO	PO BOX 881 GREENVILLE, RI 02828 USA
DIRECTOR	BRIAN GARRITY	PO BOX 881 GREENVILLE, RI 02828 USA
DIRECTOR	KAREN QUATTROCCHI	PO BOX 881 GREENVILLE, RI 02828 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

PAUL HESLAM 38 ALBION ROAD LINCOLN , RI 02865

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

Signed this 4 Day of March, 2024 at 2:57:36 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 KAREN CAPALDI
Signature of Authorized Person

Form No. 631
Revised 09/07

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