



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
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**  
MAR 12 2024  
BY 1033  
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1. Entity ID Number 000047339		2. Exact name of the Corporation Ocean State Power Burrillville Scholarship Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Scholarships to residents of The Town of Burrillville (Graduating Seniors)	
4. NAICS Code 813211			
6. Principal Office Address 105 Harrisville Main St.		City Harrisville	State RI
		Zip 02830	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Donald Fox		Vice-President Name Peter Berthelette	
Street Address 840 Tarklin Road		Street Address 191 Albee Road	
City Harrisville	State RI	Zip 02830	City Uxbridge
			State MA.
			Zip 01569
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Kristin Abbate		Director Name Leslie McGovern	
Street Address 425 East Ave.		Street Address 20 Colonial Dr.	
City Harrisville	State RI	Zip 02830	City Mendon
			State MA.
			Zip 01756
Director Name Michael Lazzareschi		Director Name Mary Lou Tupper	
Street Address 425 East Ave.		Street Address 125 Emerson Rd.	
City Harrisville	State RI	Zip 02830	City Harrisville
			State RI
			Zip 02830
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 Leslie McGovern			Date 3/6/2024
Signature of Officer/Authorized Representative Leslie McGovern			

MAIL TO:  
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