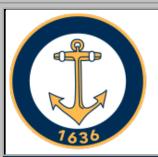
RI SOS Filing Number: 202449445570 Date: 3/27/2024 7:52:00 AM



# 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. 001714471
- 2. Name of Corporation The Henri Lemoine Memorial Scholarship Foundation
- 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 <u>click here.</u>

NAICS Code

<u>813219</u>

#### 4. Principal Office Address

No. and Street: 32 OVERLOOK RD

City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TP PROVIDE SCHOLARSHIP FUNDS FOR BLOCK ISLAND, RHODE ISLAND RESIDENTS INTENDING TO GO TO 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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	ANTOINETTE M. LEMOINE	1099 2ND MANOR SOUTHWEST VERO BEACH, FL 32962 USA
DIRECTOR	SETH LEMOINE	32 OVERLOOK ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	MICAH LEMOINE	1099 2ND MANOR SOUTHWEST VERO BEACH, FL 32962 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

SETH LEMOINE 32 OVERLOOK ROAD NARRAGANSETT, RI 02882

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

**Signed this 27 Day of March, 2024 at 7:53:59 AM 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 **SETH LEMOINE**

Signature of Authorized Person

Form No. 631 Revised 09/07

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