



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 2024

BY

Annual Report for the year: 2024  
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.

1. Entity ID Number <b>000139852</b>		2. Exact name of the Corporation <b>The New NKHS Scholarship Fund</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Scholarship Fund</b>			
4. NAICS Code <b>611110</b>					
6. Principal Office Address <b>3 Stone Gate Drive</b>		City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John V Gibbons Jr.</b>			Vice-President Name <b>Erin Dunne</b>		
Street Address <b>3 Stone Gate Drive</b>			Street Address <b>104 Case St</b>		
City <b>No Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>West Roxbury</b>	State <b>Ma</b>	Zip <b>02132</b>
Secretary Name <b>Maureen Ricker</b>			Treasurer Name <b>Maureen Ricker</b>		
Street Address <b>37 Landing Lane</b>			Street Address <b>37 Landing Lane</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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 <b>Thomas Grennan</b>			Director Name <b>Erin Dunne</b>		
Street Address <b>51 Jenkins Court</b>			Street Address <b>104 Case St</b>		
City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>West Roxbury</b>	State <b>MA</b>	Zip <b>02132</b>
Director Name <b>Amy Dunne</b>			Director Name		
Street Address <b>9 Cutler Rd</b>			Street Address		
City <b>West Roxbury</b>	State <b>MA</b>	Zip <b>02313</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Maureen A Ricker</b>				Date <b>04-20-2024</b>	
Signature of Officer/Authorized Representative 					