

**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.** 000312384**2. Name of Corporation** CCRI FACULTY ASSOCIATION SCHOLARSHIP FUND, INCORPORATED**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

813990**4. Principal Office Address**No. and Street: 400 EAST AVENUE
C/O MAUREEN MURRAYCity or Town: WARWICKState: RIZip: 02886Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**RAISING AND DISTRIBUTING MONEY TO STUDENTS IN THE FORM OF SCHOLARSHIPS**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	DONNA SCALLY	62 MIA CT. WARWICK, RI 02886 USA
TREASURER	MAUREEN MURRAY	10 PINECREST DRIVE EXETER, RI 02822 USA
SECRETARY	CHRISTOPHER ZOTO	127 LUDLOW STREET WORCHESTER, MA 01603 USA
VICE PRESIDENT	MARILYN SALVATORE	34 CHAPIN AVE. PROVIDENCE, RI 02909 USA
DIRECTOR	KATHRYN BLESSING	88 BISHOP AVE., RI 02916 USA
DIRECTOR	AMANDA PETRUS	65 AMERICA ST., APT. 2 PROVIDENCE, RI 02903 USA
DIRECTOR	RENEE GABOURY	19 TAMARAC DR., UNIT A 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

MAUREEN MURRAY 400 EAST AVENUE WARWICK , RI 02886

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

Signed this 29 Day of May, 2024 at 1:29:02 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 MAUREEN MURRAY
Signature of Authorized Person

Form No. 631
Revised 09/07