



State of Rhode Island
Department of State - Business Services Division

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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 718947		2. Exact name of the Corporation The Patrolman Gregory W. Bolden Memorial Scholarship Fund, I			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The purpose is to raise funds to provide scholarships for disadvantaged students of color graduating from the Providence Public School District, to pursue a college education.			
4. NAICS Code 813219					
6. Principal Office Address 46 Coldbrook Road			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George N. Bolden			Vice-President Name		
Street Address 46 Coldbrook Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Rhonda Araujo-Smith			Treasurer Name Susan Anderson		
Street Address 116 Cumberland Street			Street Address 56 Circuit Drive		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George Stamatakis			Director Name Luis Del Rio		
Street Address 366 Nayatt Road			Street Address 11 Tudor Street		
City Barrington	State RI	Zip 02806	City Cranston	State RI	Zip 02920
Director Name Nicholas A. Lambros			Director Name		
Street Address 170 Alpine Estates Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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>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 George N. Bolden					Date 07/24/2024
Signature of Officer/Authorized Representative <i>George N. Bolden</i>					JUL 25 2024

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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