



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

Non-Profit Corporation

JAN 29 2025

BY 140

- 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 000139852		2. Exact name of the Corporation The New NKHS Scholarship Fund	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scholarship Fund	
4. NAICS Code 611110			
6. Principal Office Address 3 Stone Gate Drive		City No. Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John V Gibbons		Vice-President Name Erin Dunne	
Street Address 3 Stone Gate Drive		Street Address 104 Case St	
City North Kingstown	State RI	City West Roxbury	State MA
Zip 02852		Zip 02132	
Secretary Name Maureen Ricker		Treasurer Name Maureen Ricker	
Street Address 37 Landing Lane		Street Address 37 Landing Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
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 Thomas Grennan		Director Name Erin Dunne	
Street Address 51 Jenkins Court		Street Address 104 Case Street	
City No. Kingstown	State RI	City West Roxbury	State RI
Zip 02852		Zip 02132	
Director Name Amy Dunne		Director Name	
Street Address 9 Cutler Rd		Street Address	
City West Roxbury Rd	State MA	City	State
Zip 02313		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 Maureen A Ricker			Date 01-27-2025
Signature of Officer/Authorized Representative 			

MAIL TO:
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