State of Rhode Island
Department of State - Business Services Division

FILED
JAN 29 2025
BY 140

Annual Report for the year: 2025
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 000139852	2. Exact name of the Corporation The New NKHS Scholorship Fund
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Scholorship Fund
4. NAICS Code 611110	

6. Principal Office Address	City	State	Zip
3 Stone Gate Drive	No. Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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	Zip: 02852	City: West Roxbury	State: MA	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	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Thomas Grennan			Director Name: Erin Dunne		
Street Address: 51 Jenkins Court			Street Address: 104 Case Street		
City: No. Kingstown	State: RI	Zip: 02852	City: West Roxbury	State: RI	Zip: 02132
Director Name: Amy Dunne			Director Name		
Street Address: 9 Cutler Rd			Street Address		
City: West Roxbury Rd	State: MA	Zip: 02313	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.

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

Name of Officer/Authorized Representative	Date
Maureen A Ricker	**01-27-2025**

Signature of Officer/Authorized Representative: Maureen A Ricker

MAIL TO:
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