



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 2025:** 2025

1. Corporate ID No. 000028405

2. Name of Corporation S. J. SCHOLARSHIP FUND INC.

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

813211

4. Principal Office Address

No. and Street: 33 DIVISION STREET

P.O. BOX 60

City or Town: MANVILLE

State: RI Zip: 02838 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SJ SCHOLARSHIP FUND

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RAYMOND MORIN	19 BOUVIER AVENUE MANVILLE, RI 02838 USA
SECRETARY	LOUISE C LAFLAMME	11 SPRUCE ST MANVILLE, RI 02838 USA
DIRECTOR	RICHARD BELLAVANCE	9 MORGAN ROAD WEST YARMOUTH, MA 02673 USA
VICE CHAIRMAN	BRIAN HUNTER	9 PINE GROVE AVE LINCOLN, RI 02865 USA
DIRECTOR	KENNETH PICHETTE	250 CENTRAL ST MANVILLE, RI 02838 USA
DIRECTOR	PAUL ADAMS	476 MANVILLE RD WOONSOCKET, RI 02895 USA
DIRECTOR	PAUL BRULE	4 HEDGE ROAD LINCOLN, RI 02865 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**

LOUISE C. LAFLAMME 33 DIVISION STREET MANVILLE , RI 02838

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

**Signed this 3 Day of February, 2025 at 8:37:32 AM 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 LOUISE C LAFLAMME  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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