State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

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. 001754971

2. Name of Corporation The Chris DiPaola Scholarship Fund

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: 1675 FLAT RIVER ROAD
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

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

TO RAISE FUNDS FOR SCHOLARSHIPS IN THE MEMORY OF CHRIS DIPAOLA

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

DIRECTOR	CRAIG LEVIS	1675 FLAT RIVER RD COVENTRY, RI 02816 US
DIRECTOR	THOMAS DIPAOLA	388 POST ROAD WESTERLY, RI 02891 US
DIRECTOR	JOHN PARENTE	35 INTERVALE ROAD WEST WARWICK , RI 02893 US
DIRECTOR	MARK GARCEAU	10 MULBERRY DRIVE WAKEFIELD, RI 02879 US

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

CRAIG J. LEVIS 1675 FLAT RIVER RD COVENTRY , RI 02816

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 8:54:32 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 CRAIG LEVIS
Signature of Authorized Person

Form No. 631
Revised 09/07