



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2025

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.



BY 1139

1. Entity ID Number 000396244		2. Exact name of the Corporation Marissa A. Lorea Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing Financial Aid in the form of scholarships to college bound students			
4. NAICS Code 813219					
6. Principal Office Address 37 Wilbur Road		City Smithfield		State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Lorea			Vice-President Name John Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name John Lorea			Treasurer Name Sandra Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name John Lorea			Director Name Sandra Lorea		
Street Address 37 Wilbur Road			Street Address 37 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Briana Lorea			Director Name		
Street Address 37 Wilbur Road			Street Address		
City Lincoln	State RI	Zip 02865	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 John Lorea, Director				Date 3/10/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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