



State of Rhode Island
Department of State - Business Services Division

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.

FILED

APR 03 2025 AMP

BY

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1. Entity ID Number 533038		2. Exact name of the Corporation Deanna M. Brule Educational Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising for Educational Scholarships.			
4. NAICS Code 561499					
6. Principal Office Address 335 Market Street			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Paul E. Brule			Vice-President Name		
Street Address 335 Market Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Lisa Cadima			Treasurer Name Lisa Cadima		
Street Address 527 Estherbrook Avenue			Street Address 527 Esterbrook Avenue		
City Dighton	State MA	Zip 02715	City Dighton	State MA	Zip 02715
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Paul E. Brule			Director Name Tara Maloney		
Street Address 335 Market Street			Street Address 501 Metacom Avenue		
City Warren	State RI	Zip 02715	City Warren	State RI	Zip 02003
Director Name David Brule			Director Name		
Street Address 500 Miller Street			Street Address		
City Seekonk	State MA	Zip 02771	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.					
<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 & Paul E. Brule					Date 4/1/25
Signature of Officer/Authorized Representative <i>Paul E. Brule</i>					

MAIL TO:

Division of Business Services
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