RI SOS Filing Number: 202570909990 Date: 4/17/2025 4:00:00 PM

## State of Rhode Island **Department of State - Business Services Division**

FILED

Annual	Report for	the	year:
Non-Pro	ofit Corpor	atio	n '

- → 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	2. Exact name of the Corporation Scholar Ship									
128439	The Kennet Lynn Bessette Female Athletic Fund. Inc									
State of Incorporation			of business conducted in Rhode Isl	and						
RI	To Masie	, hold and	Invest contributed funds for							
4. NAICS Code	the purpo:	se of aw	arding scholarship	s in men	10ru					
813219	of Kerr	i Lunn J	Bessette							
6. Principal Office Address		,	City	State	Zip					
78 Bedford Drive			Wakefield	RI	02879					
7. List ALL officers (names and add	resses)		Check the	box to indicate an	attachment					
President Name William	R. Besse	tte	Vice-President Name Statt D. Bessette							
Street Address	Spive		Street Address							
City Lake Fle 1d	State	52879	Worth Kingstown	State	Zip ひ285ユ					
Secretary Name 1	Bessett		Treasurer Namel theen m 13essotte							
Street Address	rive		Street Address Bed Ford DRIVE							
city Wakefield	State RI	Z10 ()2879	city Wake Fle. Id	State	210 279					
8. List ALL directors (names and ac	idresses) Rl Corp	orations MUST lis	t at least THREE directors.							
· · · · · · · · · · · · · · · · · · ·			Check the	e box to indicate an	attachment					
Director Name William R.	Besset	He	Director NameScot+ D.	Besse	He					
Street Address 78 Bed Ford	DRIVE		Street Address	pt						
city WateField	StateRI	zi82879	Worth Klingstown	State	2ip 1353					
Director Name Phoen Y	n Bessi	11.	Director Name Lean C. 13es	sette						
Street Address Baltand	Deive.	•	Street Address							
city wate Fle 1 d	State 72 L	Zip OZEO	Wanth Kingstown	State	Zip					
9. The Registered Agent information	n of record with th		of State is accurate. Changes require	e 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, Treesurer, duly Authorized Representative, Receiver or Trustee.										
Name of Officer/Authorized Representative Date 1										
KATHleen M. Bessette					'aS					
Signature of Officer/Authorized Representative  Actalogue M. Dessetto										

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov