



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025  
Non-Profit Corporation

APR 17 2025 TAMP

BY 1122

→ 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 <u>128439</u>		2. Exact name of the Corporation <u>The Kerri Lynn Bessette Female Athletic Fund, Inc</u> <u>Scholarship</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To raise, hold and invest contributed funds for the purpose of awarding scholarships in memory of Kerri Lynn Bessette</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>78 Bedford Drive</u>		City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>William R. Bessette</u>		Vice-President Name <u>Scott D. Bessette</u>	
Street Address <u>78 Bedford Drive</u>		Street Address <u>12 Para Court</u>	
City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>	City <u>North Kingstown</u>	State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>Kathleen M Bessette</u>		Treasurer Name <u>Kathleen M Bessette</u>	
Street Address <u>78 Bedford Drive</u>		Street Address <u>78 Bedford Drive</u>	
City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>William R. Bessette</u>		Director Name <u>Scott D. Bessette</u>	
Street Address <u>78 Bedford Drive</u>		Street Address <u>12 Para Court</u>	
City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>	City <u>North Kingstown</u>	State <u>RI</u> Zip <u>02852</u>
Director Name <u>Kathleen M Bessette</u>		Director Name <u>Leah C. Bessette</u>	
Street Address <u>78 Bedford Drive</u>		Street Address <u>12 Para Court</u>	
City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>	City <u>North Kingstown</u>	State <u>RI</u> Zip <u>02852</u>
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 <u>KATHLEEN M. Bessette</u>			Date <u>4/13/25</u>
Signature of Officer/Authorized Representative <u>Kathleen M. Bessette</u>			

MAIL TO:

Division of Business Services

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)