



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Non-Profit Corporation

APR 17 2025
BY 1012

- 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 76629		2 Exact name of the Corporation THE STEVEN M. SHAW MEMORIAL FUND			
3 State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PERPETUATE THE MEMORY OF A POLICE OFFICER KILLED IN THE LINE OF DUTY.			
4 NAICS Code 813119					
6 Principal Office Address P.O. BOX 15284			City RIVERSIDE	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TABATHA GLAVIN			Vice-President Name		
Street Address P.O. BOX 15284			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIA SHAW			Director Name ROBERT SHAW		
Street Address 38 SPENCER ROAD			Street Address 76 LABAN STREET		
City SMITHFIELD	State RI	Zip 02828	City PROVIDENCE	State RI	Zip 02909
Director Name PAMELA SHAW			Director Name		
Street Address 76 LABAN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 TABATHA GLAVIN					Date 4/8/25
Signature of Officer/Authorized Representative 					

MAIL TO:
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