



State of Rhode Island
Department of State - Business Services Division

FILED

APR 22 2025

BY

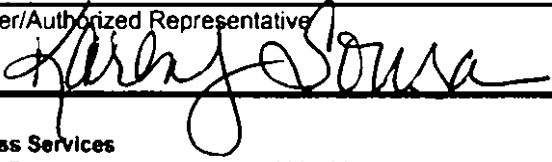
Annual Report for the year: 2025

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.

1. Entity ID Number 000526579		2. Exact name of the Corporation Eileen Fagan Scholarship Trust Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island High School Scholarships for students going to major in nursing at a college or university.			
4. NAICS Code 611110					
6. Principal Office Address 4 Domin Avenue			City Smithfield	State RI	Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Karen Sousa			Vice-President Name Matthew Fagan		
Street Address 4 Domin Avenue			Street Address 150 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Katie Tashash			Treasurer Name Jennifer Albuquerque		
Street Address 10 Cypress Drive			Street Address 90 Pleasant View Avenue		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Karen Sousa			Director Name Matthew Fagan		
Street Address 4 Domin Avenue			Street Address 150 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Katie Tashash			Director Name Jenifer Albuquerque		
Street Address 10 Cypress Drive			Street Address 90 Pleasant View Avenue		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02917
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 Karen Sousa					Date 4/14/25
Signature of Officer/Authorized Representative 					

MAIL TO:
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