RI SOS Filing Number: 202571150760 Date: 4/22/2025 4:00:00 PM

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	2. Exact name of the Corporation
000526579	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	City	State	Zip
4 Domin Avenue	Smithfield	RI	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.

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	Date
Karen Sousa	**4/14/25**

Signature of Officer/Authorized Representative: Karen J Sousa

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023