



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 30466		2. Exact name of the Corporation Trustees of South Kingstown School Funds			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Investing designated municipal funds			
4. NAICS Code 624190 - Other Individual and Fa					
6. Principal Office Address 65 Boston Neck Road		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Terrence G. Simpson			Vice-President Name William M. Rosen		
Street Address 65 Boston Neck Road			Street Address 19 Mark Glen Court		
City North Kingstown	State RI	Zip 02852	City Kingston	State RI	Zip 02881
Secretary Name Leslie A. Pierini			Treasurer Name None		
Street Address 178 Briarwood Drive			Street Address		
City Wakefield	State RI	Zip 02879	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 ☐					
Director Name Terrence G. Simpson			Director Name William M. Rosen		
Street Address 65 Boston Neck Road			Street Address 19 Mark Glen Court		
City North Kingstown	State RI	Zip 02852	City Kingston	State RI	Zip 02881
Director Name Leslie A. Pierini			Director Name Elaine Gillim		
Street Address 178 Briarwood Drive			Street Address 78 Prospect Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Terrence G. Simpson					Date May 12, 2025
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAY 19 2025
BY
304778

FORM 631 - Revised: 11/2021