

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

| to a penalty fee of \$25.00.   |  |                          |                                 |               |                      |  |
|--|--|--------------------------|---------------------------------|---------------|----------------------|--|
| 1. Corporate 10 No.<br>2001599 60  | 2. Name of Corporation  THE ED CAN OF ALLOS MEMORICAL ELLAND                                       |                          |                                 |               |                      |  |
| 3. State of Incorporation  | JEFFREY A. CHARLAND MEMORIAL FUND  4. Corporate address in Rhode Island - Street Address  City Zip |                          |                                 |               |                      |  |
| RI   | 56 CANNIN  |                          |                                 | CUMBERLAND    | 02864                |  |
| 5. Foreign corporation. Enter principal office address   |  |                          | City:                           | State         | Zip                  |  |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla  |  |                          | and DANTS ONTO                  | 4 THE SpORT A | FWREST(in/c          |  |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island GRANTING SCHOLARSHIPS TO CUMBERLAND STUDENTS WHO JARTOIPHTEIN THE SPORT OF WRESTLING |  |                          |                                 |               |                      |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS   |  |                          |                                 |               |                      |  |
| President Name   |  |                          | Vice President Name             |               |                      |  |
| MB. ROBERTA K. CHARLAND  |  |                          | MR. DANIEL FREEMAN CHARLAND     |               |                      |  |
| Street Address 56 CANNING ST   |  |                          | Street Address 24 MECHANIC ST.  |               |                      |  |
| CUMBERLAND   | State<br>RF  | 2864                     | 24MECHANIC<br>CUY<br>WAKEFIELD  | State RI      | 02879                |  |
| Secretary Name   |  |                          | Treasurer Name                  |               |                      |  |
|  |  |                          |                                 |               |                      |  |
| Street Address   |  |                          | Street Address                  |               |                      |  |
| City   | State  | Zip                      | Сиу                             | State         | Zip                  |  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  |  |                          |                                 |               |                      |  |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7  |  |                          |                                 |               | (3). R.I.G.L. 7-6-23 |  |
| Director Name  |  |                          | Director Name                   |               |                      |  |
| STEPHANGORDON  |  |                          | NANCY MAGGIACOMO                |               |                      |  |
| Street Address 9 MENARD ST.  |  |                          | Street Address 3273 MENDON ROAD |               |                      |  |
| Cum BERLAND  | State<br>KI  | <sup>210</sup> 02864 USA | CumBERLAND                      | State<br>RL   | 02864                |  |
| Director Name  |  |                          | Director Name                   |               |                      |  |
| William CHARZANO   |  |                          |                                 |               |                      |  |
| Street Address  18 In PERIAL PLACE, SUITE 16  Cuy PRIAL DISUNCE RE 740   |  |                          | Street Address                  |               |                      |  |
| PROVIDENCE   | State<br>R I   | <sup>Zip</sup> 07903     | СИУ                             | State         | Zip                  |  |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78   |  |                          |                                 |               |                      |  |
| Agent Name   | _  |                          | Address                         |               |                      |  |
| ROBERTA K. ('HARLAND   |  |                          | 56 CANVING ST.                  |               |                      |  |
| Address  |  |                          | CUMBERLAND RI 02869             |               |                      |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   |  |                          |                                 |               |                      |  |
| *  | <b>,</b> ,   | ,                        | ,                               | ,, 1.000111   |                      |  |

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|  | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all |
| File Date FILED  | statements contained herein are true and correct.  **Xoberta L. Garlan L 3/18/10   |
| Check No MAR 2 9 2010  | Signature of Officer Date  |
| Check Not The Ch | ROBERTA K. CHARLAND  |
| By: By 1004  | Print or Type Name of Officer  |
| FOR SECRETARY OF STATE USE ONLY  | PRESIDENT Title of Officer   |
|  | Form 631 Rev. 12/06  |