

20201

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 2010

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.

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1. Corporate ID No.	2. Name of Corp	2. Name of Corporation							
29391	Citizens' Sc	Citizens' Scholarship Foundation of North Providence, Inc							
3. State of Incorporation		dress in Rhode Island - Street .		City	Zip				
Rhode Island	P.O. Box			North Providence	02911				
5. Foreign corporation. Enter principal office address			Сйу	State	Zip				
6. Brief Description of the chan	acter of the affairs whic	ch are actually conducted in R	Phode Island		<u> </u>				
		•	chools of higher education						
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	S BEFORE USING ATTACH	IMENTS				
President Name			Vice President Name						
Camellia Martins			Francis Martins	Francis Martins					
Street Address			Street Address	Street Address					
23 Riverside Avenue			23 Riverside Avenue						
City'	State	Zip	City	State	Zip				
Johnston	RI	02919	Johnston	RI	02919				
Secretary Name			Treasurer Name						
Ann Walsh			Thomas Walsh						
Street Address			Street Address	Street Address					
110 Manchester Farm Rd			110 Manchester Farm Rd						
City:	State	Zip	City	State	Zip				
North Providence	RI	02904	North Providence	RI	02904				
			ATTACHMENT) TILL IN SPACE						
THE NUMBER OF DIRE	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	OT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23				
Director Name			Director Name						
Camellia Martins			Francis Martins	Francis Martins					
Street Address			Street Address						
23 Riverside Avenue			23 Riverside Avenue						
City [,]	State	Zip	City	State	Zip				
Johnston	RI	02919	Johnston	RI	02919				
Director Name			Director Name						
Thomas Waish			Ann Walsh						
Street Address			Street Address						
110 Manchester Farm	Rd		110 Manchester Farn	n Rd					
City	State	Ζψ	City	State	Zip				
North Providence	Ri	02904	North Providence	RI	02904				
9. REGISTERED AGENT	IN RHODE ISLAN	iD		•	•				
This information is curren	tly of record in the	Office of the Secretary of	of State. Changes require filing of F	Form 641 - R.I.G.L. 7-6-13/7-	-6-78				
This report n	nust be signed by e	either the President, Vice	e President, Secretary, Assistant	Secretary, Treasurer, Receiv	er or Trustee				
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-		_	Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	
	FII ED C		statements contained herein are true and correct.	
File Date	1 ILED 1	- 2010 JUN 29 PH 2:	Cameller A: Martins	5/26/10
a	HIN O.O. Onen	1	Signature of Officer	Date
Check No.	JUN 29 2010	Ala skallakonnoo	Camellia A. Martins	
By:	<u> </u>	U VIS	Print or Type Name of Officer	
BY	OR SECRETARY OF STATE USE ONLY	03A1303 = 4	President	
		_	Title of Officer	