



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

OCT 13 2021 7:00 AM  
 6319

1. Entity ID Number <b>548233</b>		2. Exact name of the Corporation <b>KRISTEN M. ETTENSOHN SCHOLARSHIP FUND</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SCHOLARSHIP			
4. NAICS Code					
6. Principal Office Address 6 THOMAS DRIVE		City CUMBERLAND	State RI	Zip 02864	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LINDA R. HASSAN			Vice-President Name DAVID B. ETTENSOHN		
Street Address 6 THOMAS DRIVE			Street Address 6 THOMAS DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name DEREK ETTENSOHN			Treasurer Name GINA M. DEVECCHIS		
Street Address 6 THOMAS DRIVE			Street Address 117 METRO CENTER BOULEVARD		
City CUMBERLAND	State RI	Zip 02864	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name DAVID B. ETTENSOHN			Director Name LINDA R. HASSAN		
Street Address 6 THOMAS DRIVE			Street Address 6 THOMAS DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name PAUL W. RYAN, JR.			Director Name NONE		
Street Address 333 WILLIAMS STREET, APT. 2L			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 LINDA R. HASSAN, President				Date 9/27/21	
Signature of Officer/Authorized Representative 					

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