

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 2009

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 ID No.	2. Name of Corporation				
103513	Aim High Gymnastics Parents' Association				
3. State of Incorporation	4. Corporate ada	tress in Rhode Island - Street :	Address	City	Zip
Rhode Island	P.O. Box 2	004		E. Greenwich	02818
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the cha	racter of the affairs whic	th are actually conducted in R	bode Island		
to support the associat	tion and the coach	ing staff			
	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)  FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Paula Shoren			Juhnny Worthington Street Address		
Street Address 151 Blueberry Lane			22 Robin Lane		
City	State	Zip	CHy	State	Zip
West Kingston	RI	02892	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Christy Ross			Dennis Cuy		
Street Address 52 Alicides Drive			Street Address 905 Cowesett Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Warwick	RI	02886
8. NAMES AND ADDR	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPAC	CES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIR	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	NOT BE LESS THAN THRI	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Amy Nelson			Robert Nelson		
Street Address			Street Address		
41 Johnson Road			41 Johnson Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825
Director Name Paula Shoren			Director Name  N/A		
Street Address			Street Address		
151 Blueberry Lane					
City	State	Zip	City	State	Zip
West Kingston	RI	02892	I		·
9. REGISTERED AGEN	T IN RHODE ISLA	ND			
This information is curr	ently of record in th	ne Office of the Secretary	of State. Changes require filing o	f Form 641 - R.I.G.L. 7-6-13	3/7-6-78
This report	t must be signed by	either the President, Vi	ce President, Secretary, Assistar	nt Secretary, Treasurer, Rec	civer or Trustee

<b>–</b> 103313	Under penalty of perjury, I declare and affirm that I have examined this
File Date 6-30-09	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Date
Check No	Dennis Cuy Prim or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer  Title of Officer  Form 631 Rev. 09/17

102512

Form 631 Rev. 09/17