



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000034135

2. Name of Corporation North Kingstown High School Booster Club, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1257

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ENCOURAGE THE ATHLETIC AND SCHOLASTIC ACCOMPLISHMENT OF NORTH KINGSTOWN SCHOOL SYSTEM STUDENTS WHO PARTICIPATE IN INTERSCHOLASTIC SPORTS PROGRAMS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MADOIAN	70 SPRING ROAD NORTH KINGSTOWN, RI 02852 USA
TREASURER	GEORGE WARNER III	388 MOURNING DOVE DRIVE

		SAUNDERSTOWN, RI 02874 USA
DIRECTOR	BETTY LYNCH	30 ASPEN COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHELE BEDNARICK	10 SIGNAL ROCK DRIVE NORTH KINGSTOWN, RI 02852 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MAUREEN MCDERMOTT 57 CARR LANE JAMESTOWN , RI 02835

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of June, 2014 at 8:20:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GEORGE WARNER
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved