



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000028560		2. Exact name of the Corporation Chariho Athletic Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island administer facility for youth and Community athletic and recreational activities			
5. Principal office address 1118 Main Street (PO Box 161)		City Hope Valley		State RI	Zip 02832
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony Apice		Vice-President Name Noel Doyon			
Street Address 38 Canonchet Driftway		Street Address 336 Switch Road			
City Hope Valley	State RI	Zip 02832	City Richmond	State RI	Zip 02832
Secretary Name Valerie Parenti		Treasurer Name Beverly Kenney			
Street Address 8 Sandy Pond Road		Street Address 271 Spring Street			
City Hope Valley	State RI	Zip 02832	City Rockville	State RI	Zip 02873
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott Gamelin		Director Name Mary Ellen Powers			
Street Address 11 Chelsea Farm Drive		Street Address 15 King Arthur Drive			
City Wyoming	State RI	Zip 02898	City West Kingstown	State RI	Zip 02892
Director Name Thoma Parenti		Director Name Keegan Reed			
Street Address 8 Sandy Pond Road		Street Address 31 New London Turnpike			
City Hope Valley	State RI	Zip 02832	City Richmond	State RI	Zip 02898
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL-02-2014

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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 statements contained herein are true and correct.

Beverly Kenney **6/20/2014**
Signature of Officer or Authorized Representative Date

Beverly Kenney, Treasurer

Print or Type Name of Officer or Authorized Representative