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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.	2. Exact name of the Corporation
103513	Aim High Gymnastics Parents Association
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Business supports association for competitive gymnasts and their coaches.

5. Principal office address	City	State	Zip
PO Box 2004	East Greenwich	RI	02818

President Name	Street Address	City	State	Zip
Judith Mattiucci	30 Westridge Ct	N. Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Michele DeFusco	40 Mia Court	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Alison Gurnon	47 Birchwood Dr	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Joseph J. Bernier	6 Rustwood Dr	Barrington	RI	02806

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Amy Nelson	41 Johnson Road	Foster	RI	02825

Director Name	Street Address	City	State	Zip
Robert Nelson	41 Johnson Road	Foster	RI	02825

Director Name	Street Address	City	State	Zip
Judith Mattiucci	30 Westridge Ct	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip

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

FILED

File Date JUL 09 2014
Check No BY 2930
By:
FOR SECRETARY OF STATE USE ONLY

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.

Joseph J. Bernier — 07/07/2014
Signature of Officer or Authorized Representative — Date

Joseph J. Bernier, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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