



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. 103513		2. Exact name of the Corporation 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 PO Box 2004		City East Greenwich		State RI	Zip 02818
President Name Judith Mattiucci		Vice-President Name Michele DeFusco			
Street Address 30 Westridge Ct		Street Address 40 Mia Court			
City N. Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Secretary Name Alison Gurnon		Treasurer Name Joseph J. Bernier			
Street Address 47 Birchwood Dr		Street Address 6 Rustwood Dr			
City Wakefield	State RI	Zip 02879	City Barrington	State RI	Zip 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 Amy Nelson		Director Name Robert Nelson			
Street Address 41 Johnson Road		Street Address 41 Johnson Road			
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name Judith Mattiucci		Director Name			
Street Address 30 Westridge Ct		Street Address			
City N. Kingstown	State RI	Zip 02852	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:

BY 2930

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.

Signature of Officer or Authorized Representative

07/07/2014

Date

FOR SECRETARY OF STATE USE ONLY

Joseph J. Bernier, Treasurer

Print or Type Name of Officer or Authorized Representative