



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 2010

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. <u>000030288</u>		2. Exact name of the Corporation <u>Portsmouth Action for Youth</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Youth Recreation</u>	
5. Principal office address <u>PO BOX 274</u>		City <u>Portsmouth</u>	State <u>RI</u> Zip <u>02871</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Richard Hood</u>		Vice-President Name <u>Just McGrath</u>	
Street Address <u>36 Seneca Ave</u>		Street Address <u>36 Seneca Ave</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u> Zip <u>02871</u>
Secretary Name <u>Sarah Chase</u>		Treasurer Name <u>Louanne Lawrence</u>	
Street Address <u>18 Tallman Avenue</u>		Street Address <u>King Charles drive</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u> Zip <u>02871</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>Cybil Pacheco</u>		Director Name <u>Sarah Chase</u>	
Street Address <u>199 Randall Rd</u>		Street Address <u>18 Tallman Ave</u>	
City <u>Trenton</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u> Zip <u>02871</u>
Director Name <u>Rachel Andrews</u>		Director Name	
Street Address <u>19 Blon street</u>		Street Address	
City <u>Trenton</u>	State <u>RI</u>	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

File Date _____
Check No _____
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.

FILED

AUG 18 2014

Signature of Officer or Authorized Representative

Date

By C3703614 Cybil Pacheco

Print or Type Name of Officer or Authorized Representative

A.A. 3:19p.m.