RI SOS Filing Number: 201444412660 Date: 08/18/2014 3:18 PM

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 2009

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
000030288	Portsmouth Action for Youth
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Youth Recreation

5. Principal office address	City	State	Zip
PO BOX 274	Portsmouth	RI	02871

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Richard Hood	56 Seneca Drive	Portsmouth	RI	02871

Vice-President Name	Street Address	City	State	Zip
Trish McGrath	56 Seneca Drive	Portsmouth	RI	02871

Secretary Name	Street Address	City	State	Zip
Sarah Chase	18 Tallman Avenue	Portsmouth	RI	02871

Treasurer Name	Street Address	City	State	Zip
Louanne Lawrence	King Charles drive	Portsmouth	RI	02871

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
CYBIL Pacheco	199 Crandall Rd	Tiverton	RI	02878

Director Name	Street Address	City	State	Zip
Sarah Chase	18 Tallman Ave.	Portsmouth	RI	0287[illegible]

Director Name	Street Address	City	State	Zip
Rachel Andeems	19 Dion Street	Tiverton	RI	02878

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

SECRETARY OF STATE CORPORATIONS DIV
2014 AUG 18 PM 3:

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 18 2014
By C37023614
A.A. 3.18 p.m

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 — Date: 8/17/14

Cybil Pacheco
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
110219-8-962496