



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 2008

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. 000030288		2. Exact name of the Corporation 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 PO BOX 274		City Portsmouth	State RI Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Richard Hood		Vice-President Name Josh Mcgrath	
Street Address 36 Seneca Ave		Street Address 36 Seneca Ave	
City Portsmouth	State RI Zip 02871	City Portsmouth	State RI Zip 02871
Secretary Name Sarah Chase		Treasurer Name Louanne Lawrence	
Street Address 18 Tallman Avenue		Street Address King Charles drive	
City Portsmouth	State RI Zip 02871	City Portsmouth	State RI Zip 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 Cybil Pacheco		Director Name Sarah Chase	
Street Address 199 Randall Rd		Street Address 18 Tallman Ave	
City Trenton	State RI Zip 02878	City Portsmouth	State RI Zip 02871
Director Name Rachel Anderson		Director Name	
Street Address 19 Dixon Street		Street Address	
City Trenton	State RI Zip 02878	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

By C.3703614

A.A. 3:17p

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative