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 2007

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 Trish McGrath		
Street Address 36 Seneca Drive			Street Address 36 Seneca Drive		
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 799 Crandall Rd			Street Address 18 Tallman Ave.		
City Tiverton	State RI	Zip 02878	City Portsmouth	State RI	Zip 02871
Director Name Rachel Andrews			Director Name		
Street Address 19 Dion Street			Street Address		
City Tiverton	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

SECRETARY OF STATE CORPORATIONS DIV 2014 AUG 18 PM 3:15

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

FILED
AUG 18 2014
By C3703614
A.A. 3:16p.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
110219-10-962494