



**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 **2015**

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. <b>000028560</b>		2. Exact name of the Corporation <b>Chariho Athletic Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>administer facility for youth and Community athletic and recreational activities</b>			
5. Principal office address <b>1118 Main Street (PO Box 161)</b>			City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Anthony Apice</b>			Vice-President Name <b>Noel Doyon</b>		
Street Address <b>38 Canonchet Driftway</b>			Street Address <b>336 Switch Road</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Richmond</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name <b>Valerie Parenti</b>			Treasurer Name <b>Beverly Kenney</b>		
Street Address <b>8 Sandy Pond Road</b>			Street Address <b>271 Spring Street</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Rockville</b>	State <b>RI</b>	Zip <b>02873</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Scott Gamelin</b>			Director Name <b>David Niziolek</b>		
Street Address <b>11 Chelsea Farm Drive</b>			Street Address <b>18 Chelsea Farm Drive</b>		
City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Director Name <b>Thomas Parenti</b>			Director Name <b>Keegan Reed</b>		
Street Address <b>8 Sandy Pond Road</b>			Street Address <b>31 New London Turnpike</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Richmond</b>	State <b>RI</b>	Zip <b>02898</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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**  
**JUN 17 2015**

*Beverly Kenney* **6/15/2015**  
 Signature of Officer or Authorized Representative Date

**Beverly Kenney, Treasurer**  
 Print or Type Name of Officer or Authorized Representative

BY **139B**