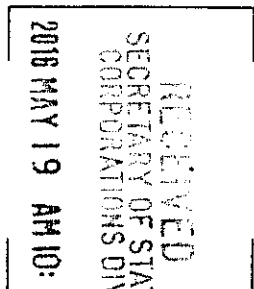




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2014

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number		2. Exact name of the Corporation			
102320		SCITUATE BOOSTER CLUB			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		SUPPORT OF ATHLETICS AT SCITUATE HIGH SCHOOL			
5. Principal Office Address		City	State	Zip	
94 TRIMTOWN ROAD		NORTH SCITUATE	RI	02857	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CHERYL FORTE		Vice-President Name DIANE SCACCO			
Street Address 94 TRIMTOWN ROAD		Street Address 94 TRIMTOWN ROAD			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name JOYCE GANSERT		Treasurer Name LARRY SPRAGUE			
Street Address 94 TRIMTOWN ROAD		Street Address 94 TRIMTOWN ROAD			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name CHERYL FORTE		Director Name DIANE SCACCO			
Street Address 94 TRIMTOWN ROAD		Street Address 94 TRIMTOWN ROAD			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Director Name JOYCE GANSERT		Director Name			
Street Address 94 TRIMTOWN ROAD		Street Address			
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative LARRY SPRAGUE TREASURER				Date 05/16/2016	
Signature of Officer/Authorized Representative 					

10:32 AM
FILED
MAY 19 2016
By 274689
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