



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000790616

**2. Name of Corporation** East Providence Middle Schools Athletics Booster Club

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 14487

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE CORPORATION SHALL BE FORMED FOR THE PURPOSE OF SUPPORTING PUBLIC MIDDLE SCHOOL ATHLETICS IN EAST PROVIDENCE, RHODE ISLAND. INCLUDING ASSISTANCE WITH FUNDING, SPONSORING AND MANAGING PROGRAMS. PURSUANT TO FEDERAL LAW FOR CHARITABLE ORGANIZATIONS, THE CORPORATION SHALL QUALIFY UNDER THE FOLLOWING PURPOSES: ADVANCEMENT OF EDUCATION, SPECIFICALLY PHYSICAL WELLNESS; LESSENING THE BURDENS OF GOVERNMENT, SPECIFICALLY THE CITY OF EAST PROVIDENCE; AND COMBATING JUVENILE DELINQUENCY.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	VENUS TAVARES	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	MICHAEL PADULA	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
SECRETARY	ELSA BENTO	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
TREASURER	KEVIN K. HALL	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	PAULA LEMOS	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
PARLIAMENTARIAN / ASSISTANT SECRETARY (NON-DIRECTOR)	JASON J. DESROSIERS	67 DORR AVENUE, APT 2 EAST PROVIDENCE, RI 02915 USA
DIRECTOR	JUNE COAN	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	SANDY LAVALLEY	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JAMES M. RICCI JR.	P.O. BOX 14487 EAST PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JASON DESROSIERS 67 DORR AVENUE, APT. 2 EAST PROVIDENCE , RI 02915

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of June, 2016 at 8:22:13 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JASON JON DESROSIERS  
Signature of Authorized Person

Form No. 631  
Revised 09/07