



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

Annual Report for the year: 2016/17
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 JUL 28 PM 3:44

1. Entity ID Number 000456825		2. Exact name of the Corporation OSSG-PC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Gymnastics Parents Association Booster Club	
5. Principal Office Address 3 New England Way		City LINCOLN	State RI
		Zip 02865	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kim Caggiano		Vice-President Name Sandi Ferretti	
Street Address 1 Leonard Dr.		Street Address 17 Belmont Dr.	
City Harrisville	State RI	City LINCOLN	State RI
Zip 02830		Zip 02865	
Secretary Name Jenny Cournoyer		Treasurer Name Carin Neidel	
Street Address 125 Steer Street		Street Address 4 Powers Lane	
City Attleboro	State MA	City Attleboro	State MA
Zip 02703		Zip 02703	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kim Caggiano		Director Name Sandi Ferretti	
Street Address 1 Leonard Dr.		Street Address 17 Belmont Dr.	
City Harrisville	State RI	City Lincoln	State RI
Zip 02830		Zip 02865	
Director Name Carin Neidel		Director Name	
Street Address 4 Powers Lane		Street Address	
City Attleboro	State MA	City	State
Zip 02703		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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>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 Carin Neidel		Date 7/28/16	
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUL 28 2016

By Le C 11197346

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov