



**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: 2016

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			
442160		Narragansett High School Athletic Boosters Club			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		To raise funds to assist all Narragansett High School athletic programs			
5. Principal Office Address			City	State	Zip
1041 Ten Rod Road, Suite B			North Kingstown	RI	02852
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Stephens			Vice-President Name Sharon McGreen		
Street Address 49 Sassafras Trail			Street Address 811 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Sally Pratt			Treasurer Name Michelle Gilbert		
Street Address 66 Conanicus Road			Street Address 100 Strathmore Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 David Stephens			Director Name Sharon McGreen		
Street Address 49 Sassafras Trail			Street Address 811 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Michelle Gilbert			Director Name Sally Pratt		
Street Address 100 Strathmore Street			Street Address 66 Conanicus Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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				Date	
Michelle Gilbert				8-31, 2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED 02
SEP 08 2016