



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. 000713047

2. Name of Corporation Prestige Athletes Parents Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 370 ATWOOD AVENUE

City or Town: CRANSTON

State: RI Zip: 02920 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

TO SUPPORT THE ATHLETIC DEVELOPMENT AND COMPETITIVE NATURE OF CHILDREN AND YOUNG ADULTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HOLLY MCCOMBS	20 BURNSIDE DR SWANSEA, MA 02777 USA
TREASURER	MELISSA SILVA	6 JUNIPER CT BRISTOL, RI 02809 USA

SECRETARY	MELISSA BALDINELLI	40 LISA LANE BRISTOL, RI 02809 USA
VICE PRESIDENT	RACHEL PAVAO	26 ALMY AVE WARREN, RI 02885 USA
DIRECTOR	HOLLY MCCOMBS	20 BURNSIDE DR SWANSEA, MA 02777 USA
DIRECTOR	RACHEL PAVAO	26 ALMY AVE WARREN, RI 02885 USA
DIRECTOR	MELISSA SILVA	6 JUNIFPER CT BRISTOL, RI 02809 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**

EUNIS & ASSOCIATES CPA'S, INC. 370 ATWOOD AVENUE CRANSTON , RI 02920

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

Signed this 9 Day of January, 2017 at 10:25:43 AM 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 MELISSA SILVA
Signature of Authorized Person

Form No. 631
Revised 09/07

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