

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

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: 2017

- 1. Corporate ID No. 000030346
- 2. Name of Corporation Portsmouth High Athletic Booster's Association
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

Fee: \$20.00

813410

4. Corporate Address in Rhode Island

No. and Street:

P.O. BOX 438

City or Town:

PORTSMOUTH

State: RI Zip: 02871 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

FUND RAISING ORGANIZATION THAT SUPPORTS ATHLETES AT PORTSMOUTH HIGH SCHOOL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	LISA CAFFERTY	73 SLOOP DRIVE PORTSMOUTH, RI 02871 USA
SECRETARY	LAURA RABENOLD	214 SPRING HILL RD PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	KEVIN DELUCA	105 MADISON WAY PORTSMOUTH, RI 02871 USA
DIRECTOR	TRISTAN CAFFERTY	73 SLOOP DR PORTSMOUTH, RI 02871 USA
DIRECTOR	MARK GOULART	26 STANTON RD PORTSMOUTH, RI 02871 USA
DIRECTOR	PAIGE GOULART	26 STANTON ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	CHRIS STACK	79 VANDERBILT LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	JENNIFER SCHENCK	41 LINDA AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	LISA LEVINE	18 HIGH HAWK ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	CHRISTINA RICHARDSON	64 RIVERSIDE ST PORTSMOUTH, RI 02871 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

DAVID F. FOX, ESQ. 850 AQUIDNECK AVENUE, SUITE B-11 MIDDLETOWN, RI 02842

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 June, 2017 at 8:24:06 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 LISA M CAFFERTY

Signature of Authorized Person

Form No. 631 Revised 09/07

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