

 **Department of State - Business Services Division**

Annual Report for the year:
Non-Profit Corporation

2017

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

1. Entity ID Number 789972		2. Exact name of the Corporation Cumberland High School Softball Parents Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide support through fundraising efforts for the Cumberland High School Girls Softball program.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 9 Cathedral Court		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa M Leite			Vice-President Name Edward Leite Jr		
Street Address 9 Cathedral Court			Street Address 9 Cathedral Court		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. 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 Warren Mowry			Director Name Mary P Chandler		
Street Address 150 Carlson Way			Street Address 264 Abbey Dr		
City Cumberland RI	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Dani McDermott			Director Name		
Street Address 10 Rosetti Dr			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
9. 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 Lisa M Leite				Date 7/17/17	
Signature of Officer/Authorized Representative				FILED	

JUL 21 2017

BY 454536 [Signature]