RI SOS Filing Number: 201875789290 Date: 8/24/2018 4:00:00 PM

٠ ـــ	
(57)	
(KIM)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

→ Filing period. June 1 - June 30

→ Filing Fee S20 00 → Penalty. Additional \$25 00 fee if form is not filed by July 30.

·							
1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation						
000072729	Portsmouth Business Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	To encourage and promote business interest in the community						
4. NAICS Code	1						
813910 - Business Association	1						
6. Principal Office Address			City	State	Zıp		
Po Box 314			Portsmouth	RI	02871		
7. List ALL officers (names and ad	dresses)			Check the box to indi-	cate an attachment		
President Name Michael Leverett			Vice-President Name Jeanne Smith				
Street Address 8 Ivy Way			Street Address 39 Morgan St				
City North Dartmouth	State MA	ZIP 02747	City Portsmouth	State RI	Zip 02871		
Secretary Name Linda Bohmbach			Treasurer Name Kara Marley				
Street Address 266 Ferry Landing Circle			Street Address 26 Norman St				
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840		
8. List ALL directors (names and a	ddresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment		
Director Name Richard Talipsky			Director Name John Farley				
Street Address 79 Cromwell Drive			Street Address 30 Long Meadow Rd				
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871		
Director Name			Director Name				
Street Address .			Street Address				
City	State	Zıp	City	State	Zip		
9. Registered Agent in Rhode Islan	ng. This informat	ion is currently of reco	ird in the Department of State. Cha	anges require filing Form 6	41.		
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	lules and		
This report must be signed by either the Pre				epresentativo, Receiver or Tru	istee.		
Name of Officer/Authorized Repre	sentative			Date			
Kara Marley				8/22/2018			
Signature of Officer/Authorized Re	presentativo VIII	y . 5 . 00	UMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017