RI SOS Filing Number: 201995428110 Date: 6/3/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for t	he :	year:
Non-Pr	ofit Car	noral	tion	• 1

2019

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if	form is not filed by	July 30.			j			
1. Entity ID Number 000487772	2. Exact name of the Corporation FRIENDS OF TOWNIE ATHLETICS							
3. State of Incorporation RI 4. NAICS Code 813990 - Other Similar O	5. Brief description of the character of business conducted in Rhode Island To provide support for the athletic, physical education and recreational needs of the students of East Providence, the Athletic Director and the Principals of the East Providence Schools							
6. Principal Office Address P O Box 16521			City East Providence	State RI	Zip 02916			
7. List ALL officers (names and ad	dresses)			Check the box to indicate	te an attachment			
President Name Clarence Butler			Vice-President Name Millie Morris					
Street Address 184 Second Street			Street Address 419 Dover Avenue					
City East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914			
Secretary Name Stephanie Vinhateiro			Treasurer Name Gregory S. Dias					
Street Address 20 Berwick Place			Street Address 349 Warren Avenue					
City East Providence	State RI	^{Zip} 02916	City East Providence	State RI	^{Zip} 02914			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Clarence Butler			Director Name Millie Morris					
Street Address 184 Second Street			Street Address 419 Dover Avenue					
City East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914			
Director Name Stephanie Vinha	iteiro		Director Name Gregory S. Dias					
Street Address 20 Berwick Place			Street Address 349 Warren Avenue					
City East Providence	State RI	^{Zip} 02916	City East Providence	State RI	^{Zip} 02914			
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee								
Name of Officer/Authorized Repre Gregory S. Dias, Treasurer	Date May 30 , 2019							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								
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MAIL TO:

Division of Business Services

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

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

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