



**State of Rhode Island
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: 2021

1. Corporate ID No. 001693648

2. Name of Corporation The Paul Andrade Jr. Memorial Golf Tournament

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



561499

4. Principal Office Address

No. and Street: 47 WOOD AVENUE

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE PRIMARY PURPOSE OF THE CORPORATION IS TO CONDUCT CHARITABLE FUNDRAISING ACTIVITIES, INCLUDING A GOLF TOURNAMENT, TO RAISE MONEY TO DISTRIBUTE TO

ORGANIZATIONS HELPING THE NEEDY.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	PAUL ANDRADE	97 PINE CREST DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	PAUL ANDRADE	97 PINE CREST DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	DEBORAH ANDRADE	97 PINE CREST DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	DEBORAH SCHMELLER	19 FOX HILL AVENUE BRISTOL, RI 02809 USA
DIRECTOR	BERNADETTE EMERY	308 STATE STREET 2W BRISTOL, RI 02809 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHIP MULLER, ESQ. 47 WOOD AVENUE BARRINGTON , RI 02806

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

Signed this 3 Day of June, 2021 at 2:35:51 PM 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 /S/ CHIP MULLER
Signature of Authorized Person

Form No. 631
Revised 09/07

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