



**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

**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.**

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