



**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.** 000030346

**2. Name of Corporation** Portsmouth High Athletic Booster's Association

**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: P.O. BOX 438  
City or Town: PORTSMOUTH State: RI Zip: 02871 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**

FUND RAISING ORGANIZATION THAT SUPPORTS ATHLETES AT PORTSMOUTH HIGH SCHOOL

**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> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRIS STACK	79 VANDERBILT LANE PORTSMOUTH, RI 02871 USA
TREASURER	LYNN RUDOLPH	44 SISSON POND RD PORTSMOUTH, RI 02871 USA
SECRETARY	ANN VON RECUM	103 BRAMANS LN PORTSMOUTH, RI 02871 USA
DIRECTOR	PAIGE GOULART	26 STANTON RD PORTSMOUTH, RI 02871 USA
DIRECTOR	CARLENE MOHR	32 SUNSET AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	JENNIFER TINGLEY SCHENCK	41 LINDA AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	LISA LEVINE	18 HIGH HAWK RD PORTSMOUTH, RI 02871 USA
DIRECTOR	CHRISTINA RICHARDSON	64 RIVERSIDE ST PORTSMOUTH, RI 02871 USA
DIRECTOR	JOSHUA CARLIN	55 SCHOONER DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	SUSAN DURANT	230 WAMPANOAG DR PORTSMOUTH, RI 02871 USA
DIRECTOR	STACIE MACDONALD	81 BLACK POINT LN PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	JOSHUA CARLIN	55 SCHOONER DRIVE PORTSMOUTH, RI 02871 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**

DAVID F. FOX, ESQ. 850 AQUIDNECK AVENUE, SUITE B-11 MIDDLETOWN , RI 02842

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

**Signed this 15 Day of June, 2021 at 4:56:06 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 LYNN RUDOLPH  
Signature of Authorized Person

Form No. 631  
Revised 09/07