



**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.** 001667265

**2. Name of Corporation** CHARIHO BOOSTERS CLUB, INC.

**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: 143 TOMAQUAG ROAD

City or Town: ASHAWAY

State: RI

Zip: 02804

Country: USA

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

THE PURPOSE OF CHARIHO BOOSTERS CLUB, INC. SHALL BE TO ENCOURAGE, MAINTAIN, AND FURTHER THE PARTICIPATION OF PARENTS, TEACHERS, AND OTHER ADULTS OF THE COMMUNITY IN SUPPORT OF ALL ATHLETIC DEPARTMENT PROGRAMS AND STUDENT ATHLETES OF CHARIHO REGIONAL SCHOOL DISTRICT, AN EDUCATIONAL INSTITUTION. SAID 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 THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**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	MICHAEL J KIRBY	143 TOMAQUAG ROAD ASHAWAY, RI 02804 USA
SECRETARY	MICHELL ELLWELL	455 SWITCH ROAD WOOD RIVER JCT, RI 02894 USA
DIRECTOR	MICHAEL MCGUIRE	455 SWITCH ROAD WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	MICHAEL SHIELS	455 SWITCH ROAD WOOD RIVER JUNCTION, RI 02894 USA
TREASURER	DIANNE DEVEREAUX	33 LISA LANE HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	JOHN DOBSON	16A OLD INDIAN TRAIL BRADFORD, RI 02808 USA
DIRECTOR	MICHAEL KIRBY	143 TOMAQUAG ROAD ASHAWAY, RI 02804 USA
DIRECTOR	SANDRA PELLEGRINO	320 SWITCH ROAD RICHMOND, RI 02832 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**

MICHAEL KIRBY 143 TOMAQUAG ROAD ASHAWAY , RI 02804

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

*Signed this 23 Day of September, 2021 at 8:40:58 AM 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 MICHAEL KIRBY  
Signature of Authorized Person

Form No. 631  
Revised 09/07