



RI SOS Filing Number: 202104914120 Date: 11/8/2021 2:49:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV -8 PM 2:49

1. Entity ID Number <u>0002056</u>		2. Exact name of the Corporation <u>The Portland Braves</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>youth football & cheer</u>	
4. NAICS Code <u>624110</u>			
6. Principal Office Address <u>139 Dasset Ave</u>		City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Robin L. Cossins</u>		Vice-President Name <u>Brenda Dupont</u>	
Street Address <u>139 Dasset Ave</u>		Street Address <u>90 Revere St.</u>	
City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>	City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>
Secretary Name <u>Nicole Dupont</u>		Treasurer Name <u>Jeffrey P. Cossins</u>	
Street Address <u>90 Revere St.</u>		Street Address <u>139 Dasset Ave</u>	
City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>	City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Scudra Agnew</u>		Director Name <u>Mark Baumgard</u>	
Street Address <u>18 Chaplin Str.</u>		Street Address <u>2050 Country Rd.</u>	
City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>	City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Melanie Plante</u>		Director Name <u>Bernice Moore</u>	
Street Address <u>11 Charles Str.</u>		Street Address <u>418 Broad Ave</u>	
City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>	City <u>Provt.</u>	State <u>RI</u> Zip <u>02861</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Representative <u>Robin L. Cossins</u>			Date <u>10-20-21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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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FORM 631 - Revised: 08/2020