



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.

2022 FEB 10 A 11:11

Annual Report for the year: 2022  
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001679852</b>		2. Exact name of the Corporation <b>Barrington High School After Prom</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide free to attend, substance free events for high school students</b>	
4. NAICS Code <b>611110</b>			
6. Principal Office Address <b>220 Lincoln Ave</b>		City <b>Barrington</b>	State <b>RI</b>
		Zip <b>02806</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Dianne Tine</b>		Vice-President Name <b>Anne Gasbarro</b>	
Street Address <b>154 Lincoln Ave</b>		Street Address <b>4 Collins Court</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Barrington</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
Secretary Name		Treasurer Name <b>Diane "Dee" O'Hayre</b>	
Street Address		Street Address <b>7 St. Andrews Way</b>	
City	State	City <b>Barrington</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Dianne Tine</b>		Director Name <b>Diane "Dee" O'Hayre</b>	
Street Address <b>154 Lincoln Ave</b>		Street Address <b>7 St. Andrews Way</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Barrington</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
Director Name <b>Anne Gasbarro</b>		Director Name	
Street Address <b>4 Collins Court</b>		Street Address	
City <b>Barrington</b>	State <b>RI</b>	City	State
Zip <b>02806</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Anne Gasbarro</b>			Date <b>2/9/2022</b>
Signature of Officer/Authorized Representative <b>Anne Gasbarro</b>			

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FEB 10 2022

BY ZDINK FORM 631 - Revised: 11/2021  
11:13