



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 001723050

2. Name of Corporation JOHNSTON PANTHER HOOPS BOOSTER CLUB

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

611110

4. Principal Office Address

No. and Street: PO BOX 19522

City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

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

TO SUPPORT THE NEED AND ENHANCE THE EXPERIENCE OF THE STUDENT-ATHELETES ON THE BOYS BASKETBALL PROGRAM AT JOHNSTON SENIOR 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.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------|--|--|
| DIRECTOR | RACHEL SALVATORE | 119 HOPKINS AVENUE JOHNSTON, RI 02919 USA |
| DIRECTOR | GINA SCHINO | 3 SURREY DRIVE JOHNSTON, RI 02919 USA |
| DIRECTOR | MARK LIVINGSTON | 504 DOUGLAS HOOK RD CHEPACHET, RI 02814 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**

MARK LIVINGSTON 504 DOUGLAS HOOK ROAD CHEPACHET , RI 02814

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

Signed this 14 Day of February, 2023 at 8:37:09 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 GINA SCHINO
Signature of Authorized Person

Form No. 631
Revised 09/07

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