RI SOS Filing Number: 202335156780 Date: 5/2/2023 4:00:00 PM

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State of Rhode Island - Domestic Non-Profit Corporation Filings



## State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report 2023

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.

<b>ANNUAL REPORT YEAR - EN</b>	NTER THE CURRENT FILING	i <b>YEAR 2023</b> : 2023
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1. Corporate ID No. 001747608

2. Name of Corporation Comperters High School Association of MUSIC

3. State of Incorporation PAULITS AND SUPPOPULTS

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 <u>click here.</u>

'NAICS Code

<u>611110</u>

~]

Fee: \$20.00

4. Principal Office Address

No. and Street:

2600 MENDON RD

ROOM CHI

City or Town:

<u>CUMBERLAND</u>

State: RI Zip

Zip: <u>02864</u>

Country: US

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

FILED

THE CUMBERLAND HIGH SCHOOL ASSOCIATION OF MUSIC PARENTS & SUPPORTERS

(CHAMPS) IS AN INDEPENDENT, PRIVATE, NON-PROFIT ORGANIZATION ESTABLISHED TO

HELP PROMOTE MUSIC WITHIN CUMBERLAND, ITS MAIN FOCUS IS TO SUPPORT THE

CUMBERLAND HIGH SCHOOL CHORUS AND CLEF SINGERS BY BOLSTERING COMMUNICATION

BETWEEN PERFORMERS, PARENTS, THE SCHOOL, AND OUR COMMUNITY.

## 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
INCORPORATOR	LISA KENYON	1565 DIAMOND HILL ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	LISA KENYON	1565 DIAMOND HILL ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	MICHAEL KENYON	1565 DIAMOND HILL ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	AMANDA SANTO	2600 MENDON RD CUMBERLAND, RI 02864 US

AMANDA SANTO	2600 MENDON RD CUMBERLAND, RI 02864 US					
ODE ISLAND - DO NOT ALTER orm 641 - R.I.G.L. 7-6-13 / 7-6-7						
8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.						
ion from non-profit corporatio	filings on a quarterly and annual basis. Ins and hope the following voluntary mation on the health of our economy.					
s does the non-profit have:						
e non-profit have:						
rating budget for the past year:						
the funding sources that contrib	outed to the non-profit's operating budget for					
	ODE ISLAND - DO NOT ALTER form 641 - R.I.G.L. 7-6-13 / 7-6-15  Dy either the President, Vice Presentative, Receiver, or Trust  Is the number of new business on from non-profit corporation resent useful trends and information of the second s					

Contact Name: Business Name: No. and Street: City or Town: Contact Phone: Contact Email:	AMANDA SANTO CUMBERLAND HIG 2600 MENDON RD Cumberland ext:	GH SCHOOL	State: <u>RI</u>	Zip: <u>02864</u>	Country: <u>USA</u>				
Signed this 2 Day of May, 2023 at 1:30:36 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 AMANDA SANTO Signature of Authorized Person									
Make Correcti	ons .				Accept				
Form No. 631 Revised 09/07									
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