

	<p><b>State of Rhode Island</b> <b>Office of the Secretary of State</b></p> <p>Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040</p>	<p>Fee: \$20.00</p>
---	--	---------------------

**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.

<p><b>ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023</b></p>	
<p>1. Corporate ID No.</p>	<p><u>001747608</u></p>
<p>2. Name of Corporation</p>	<p><u>Cumberland High School Association of Music</u></p>
<p>3. State of Incorporation</p>	<p><u>PARENTS AND SUPPORTERS</u></p>
<p>State: <u>RI</u></p>	
<p><b>ARTICLE III</b></p>	
<p>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 <a href="#">click here</a>.</p>	
<p>NAICS Code</p>	<p><u>611110</u></p>
<p><b>4. Principal Office Address</b></p>	
<p>No. and Street:</p>	<p><u>2600 MENDON RD</u> <u>ROOM C11</u></p>
<p>City or Town:</p>	<p><u>CUMBERLAND</u>      State: <u>RI</u>      Zip: <u>02864</u>      Country: <u>US</u></p>
<p><b>5. Brief Description of the Character of the Affairs Conducted in Rhode Island</b></p>	
<p><b>FILED</b></p>	
<p><u>THE CUMBERLAND HIGH SCHOOL ASSOCIATION OF MUSIC PARENTS &amp; SUPPORTERS</u> <u>(CHAMPS) IS AN INDEPENDENT, PRIVATE, NON-PROFIT ORGANIZATION</u> <u>ESTABLISHED TO</u> <u>HELP PROMOTE MUSIC WITHIN CUMBERLAND. ITS MAIN FOCUS IS TO SUPPORT</u> <u>THE</u> <u>CUMBERLAND HIGH SCHOOL CHORUS AND CLEF SINGERS BY BOLSTERING</u> <u>COMMUNICATION</u> <u>BETWEEN PERFORMERS, PARENTS, THE SCHOOL, AND OUR COMMUNITY.</u></p>	
<p>MAY 02 2023 BY <u>CONFIRM</u> <u>1047957</u></p>	

**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
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

**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

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

**The Department of State tracks the number of new business filings on a quarterly and annual basis. We are seeking more information from non-profit corporations and hope the following voluntary questions will help us better present useful trends and information on the health of our economy.**

1. How many full time employees does the non-profit have:

- 0  
 1-5  
 6-50  
 51-200  
 201-500  
 Over 500

2. How many volunteers does the non-profit have:

- 0-5  
 6-25  
 26-50  
 51-100  
 Over 100

3. What was the non-profit's operating budget for the past year:

- \$0 - \$50,000  
 \$51,000 - \$250,000  
 \$251,000 - \$500,000  
 \$501,000 - \$1,000,000  
 Over \$1,000,000

4. (Select all that apply) - Identify the funding sources that contributed to the non-profit's operating budget for the past year:

- Federal grants  
 State grants  
 Donations  
 Fee-for-service  
 Fundraising

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: AMANDA SANTO  
Business Name: CUMBERLAND HIGH SCHOOL  
No. and Street: 2600 MENDON RD  
City or Town: Cumberland State: RI Zip: 02864 Country: USA  
Contact Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

**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

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved