



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001762614

2. Name of Corporation Rhode Island Interscholastic High School Coaches Association

3. State of Incorporation

State: RI

NAICS CODE

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: 17 CRESANT DRIVE

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

THE RIIHSCA IS ORGANIZED FOR CHARITABLE AND EDUCATIONAL PURPOSES.

THE PURPOSES OF THIS ASSOCIATION, WITHOUT LIMITATION, ARE:

1)TO MAKE THE GAME AS SAFE AND EXCITING AS POSSIBLE THROUGH RULES OF PLAY.

2)TO HAVE A STRONG VOICE IN INTERSCHOLASTIC LEGISLATION AFFECTING SPORTS IN

THE STATE OF RHODEISLAND.

3)TO MAINTAIN THE HIGHEST POSSIBLE STANDARDS THE PROFESSION OF

COACHING AN
INTERSCHOLASTIC SPORT.

4)TO FREELY EXCHANGE INFORMATION ON COACHING METHODS AND
TECHNIQUES.

5)TO PROMOTE GOOD FELLOWSHIP AND SOCIAL CONTACTS WITHIN THE
ASSOCIATION.

6)TO ESTABLISH AND MAINTAIN PARTNERSHIP WITH SELECTED CHARITIES.

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	ROBERT J PALAZZO CMAA	17 CRESANT STREET NORTH PROVIDENCE, RI 02904 USA
OTHER OFFICER	ROBERT J. PALAZZO	17 CRESANT DRIVE NORTH PROVIDENCE, RI 02904 UNI
DIRECTOR	ROBERT J PALAZZO CMAA	17 CRESANT STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ELIZABETH A PENKALA CMAA	51 ALMY AVENUE WARREN, RI 02885 USA
DIRECTOR	MICHAEL TRAFICANTE CAA	173 SWEETBRIAR DRIVE CRANSTON, RI 02920 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**

ROBER J. PALAZZO 17 CRESANT STREET NORTH PROVIDENCE , RI 02904

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

Signed this 15 Day of February, 2024 at 12:32:01 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 ROBERT J. PALAZZO
Signature of Authorized Person

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