



State of Rhode Island
Department of State - Business Services Division

FILED

APR 01 2024

BY *[Signature]*

Annual Report for the year: **2024**

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 000487772		2. Exact name of the Corporation FRIENDS OF TOWNIE ATHLETICS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide support for the athletic, physical education and recreational needs of the students of East Providence, the Athletic Director and the Principals of the East Providence Schools			
4. NAICS Code 813990					
6. Principal Office Address P O Box 16521			City East Providence	State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Clarence Butler			Vice-President Name Paul G. Pimentel		
Street Address 184 Second Street			Street Address 22 Regina Drive		
City East Providence	State RI	Zip 02914	City Scituate	State RI	Zip 02857
Secretary Name Stephanie Vinhateiro			Treasurer Name Gregory S. Dias		
Street Address 20 Berwick Place			Street Address 349 Warren Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Clarence Butler			Director Name Paul G. Pimentel		
Street Address 184 Second Street			Street Address 22 Regina Drive		
City East Providence	State RI	Zip 02914	City Scituate	State RI	Zip 02857
Director Name Stephanie Vinhateiro			Director Name Gregory S. Dias		
Street Address 20 Berwick Place			Street Address 349 Warren Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02914
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Gregory S. Dias, Treasurer				Date 3-28-24	
Signature of Officer/Authorized Representative <i>Gregory S. Dias</i>					

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