



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

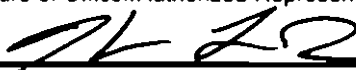
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1 Entity ID Number 001761240		2. Exact name of the Corporation Friends of BMS Softball			
3 State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation of a middle school softball team.			
4 NAICS Code 813319					
6. Principal Office Address 10 Briarfield Road			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Heather Piazza			Vice-President Name Marissa Moran		
Street Address 10 Briarfield Road			Street Address 41 South Meadow Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Erica O'Connell			Treasurer Name Kimberly Paxton		
Street Address 55 Ferry Lane			Street Address 54 South Meadow Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Heather Piazza			Director Name Marissa Moran		
Street Address 10 Briarfield Road			Street Address 41 South Meadow Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Erica O'Connell			Director Name Kimberly Paxton		
Street Address 55 Ferry Lane			Street Address 54 South Meadow Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Heather Piazza, President				Date 3/14/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

APR 04 2024
BY **ML 1051**