



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 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 <b>000081920</b>	2. Exact name of the Corporation <b>Rogers High School-Athletic Boosters Association</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>to promote the general welfare and interest of the student athletic extracurricular activities at Rogers High School</b>
4. NAICS Code <b>611110</b>	

6. Principal Office Address <b>15 Wickham Road</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip <b>02840</b>

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>Bridget Hole</b>			Director Name <b>Alyse Williams</b>		
Street Address <b>4 Vanderbilt Ave</b>			Street Address <b>2 Rowland Rd</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Amy Page</b>			Director Name <b>Grainne Phelps</b>		
Street Address <b>25 Callendar Ave</b>			Street Address <b>32 Cranston Ave</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>

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.**

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

Name of Officer/Authorized Representative <b>Gregory F. Fater</b>	Date <b>4-15-2024</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>	

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov