



State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 2024

BY *21613*

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 000081920		2. Exact name of the Corporation Rogers High School-Athletic Boosters Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to promote the general welfare and interest of the student athletic extracurricular activities at Rogers High School			
4. NAICS Code 611110					
6. Principal Office Address 15 Wickham Road		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 02840
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 Bridget Hole			Director Name Alyse Williams		
Street Address 4 Vanderbilt Ave			Street Address 2 Rowland Rd		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Amy Page			Director Name Grainne Phelps		
Street Address 25 Callendar Ave			Street Address 32 Cranston Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 F. Fater				Date <i>4-15-2024</i>	
Signature of Officer/Authorized Representative <i>Gregory F. Fater</i>					

MAIL TO:
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