



**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. 001686333

2. Name of Corporation A - List Boosters

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

624110

4. Principal Office Address

No. and Street: 1350 BALD HILL ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS

ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: AID IN THE FINANCIAL ASSISTANCE FOR YOUTH IN RHODE ISLAND AND SURROUNDING AREAS TO COMPETE IN AMATEUR ATHLETICS, JOIN RECREATION SPORT CLASSES, AND PARTICIPATE IN AFTER SCHOOL/SUMMER TIME ACTIVITY PROGRAMS.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ALLYSON VALLIER	933 ATWOOD AVENUE JOHNSTON, RI 02919 USA
TREASURER	KYLE MARCIANO	26 TRAFFORD PARK DRIVE COVENTRY, RI 02816 USA
SECRETARY	DENISE LEE	8 ARGYLE ROAD SOMERSET, MA 02726 USA
SALES COORDINATOR	KELLIE HUG	18 BLACK WALNUT DRIVE COVENTRY, RI 02816 USA
VICE PRESIDENT	SUZI SMITH	68 BEACON STREET MIDDLETOWN, RI 02842 USA
DIRECTOR	BRITTANY FORAND	1350 BALD HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	DYLAN SMITH	1350 BALD HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	JACQUILYN SMITH	1350 BALD HILL ROAD WARWICK, RI 02886 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**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

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

*Signed this 30 Day of April, 2024 at 9:22:30 AM 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 KYLE MARCIANO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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