



**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. 000920892

2. Name of Corporation Coventry High School Lacrosse Booster Club, Inc.

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

813990

4. Principal Office Address

No. and Street: P.O. BOX 1240

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

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

TO SUPPORT THE ACTIVITIES AND EFFORTS OF THE LACROSSE ATHLETES AT
COVENTRY HIGH SCHOOL.

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.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KIM CARNEVALE	19 ISLAND DRIVE COVENTRY, RI 02816 US
TREASURER	CHERYL BENJAMIN	205 FAIRWAY DR COVENTRY, RI 02816 US
SECRETARY	NICOLE CARDARELLI	5 SIMON TEMPLE DR COVENTRY, RI 02816 US
VICE PRESIDENT	JACLYN TARDIFF	12 HIGHWOOD DR COVENTRY, RI 02816 US
DIRECTOR	KIM CARNEVALE	19 ISLAND DRIVE COVENTRY, RI 02816 US
DIRECTOR	JACLYN TARDIFF	12 HIGHWOOD DRIVE COVENTRY , RI 02816 US
DIRECTOR	NICOLE CARDARELLI	5 SIMON TEMPLE DRIVE COVENTRY , RI 02816 RI
DIRECTOR	CHERYL BENJAMIN	205 FAIRWAY DRIVE COVENTRY , RI 02816 US

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

KATHALEEN LAVALLEE 142 PRINCETON AVENUE COVENTRY , RI 02816

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 10:10:28 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 CHERYL BENJAMIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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