

**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.** 001706142**2. Name of Corporation** Play it Forward Foundation**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

813211**4. Principal Office Address**No. and Street: 97 ROGERS AVECity or Town: BARRINGTONState: RIZip: 02806Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

FOR THE PURPOSE OF PROMOTING AND FINANCIALLY SUPPORTING YOUTH SPORTING ACTIVITIES, AND FOR OTHER CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTIONS OF ANY FUTURE FEDERAL TAX CODE.

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	PAUL MOVSESIAN	53 WHITE AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	JOHN F. COFFEY	97 ROGERS AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	PETER MINIATI	397 COUNTY ROAD BARRINGTON, RI 02806 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

JOHN F. COFFEY 97 ROGERS AVENUE BARRINGTON , RI 02806

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

Signed this 2 Day of May, 2024 at 11:03:50 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 JOHN COFFEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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