



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

AUG 28 2024 STAMP
2197

- 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 0008 78056		2. Exact name of the Corporation WHS SPORTS BOOSTERS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RAISE MONEY THROUGH CONCESSION and Fundraiser to pay for the end of the year Banquet and related activities to support our athletes	
4. NAICS Code 713990			
6. Principal Office Address PO Box 2912		WESTERN HIGH SCHOOL WARD AVE	City WESTERN State RI Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JULIE SACCO		Vice-President Name TRUDEE CARRIGAN	
Street Address North Capalbo Dr		Street Address GARDNER DR	
City BRADFORD	State RI	Zip 02808	City WEST State RI Zip 02891
Secretary Name KATE NOONAN ^{FCO} TREASURER		Treasurer Name CATHERINE STAHL	
Street Address 27 NICHOLS LANE		Street Address 11 EMERALD ST	
City WESTERN	State RI	Zip 02891	City WESTERN State RI Zip 02891
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 TRUDEE CARRIGAN		Director Name JULIE SACCO	
Street Address GARDNER DR		Street Address N Capalbo Dr	
City WESTERN	State RI	Zip 02891	City BRADFORD State RI Zip 02808
Director Name KATE NOONAN		Director Name	
Street Address 27 NICHOLS LANE		Street Address	
City WESTERN	State RI	Zip 02891	City WESTERN State RI Zip 02891
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 Catherine Stahl			Date 8/28/24
Signature of Officer/Authorized Representative Catherine Stahl			

MAIL TO:
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