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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$0.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 60713047		2. Exact name of the Corporation Prestige Athletes Parents Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a non-profit organization that raises funds for youth gymnastics.			
4. NAICS Code 611110					
6. Principal Office Address 86 Greylock Road			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kaitlyn Burns			Vice-President Name Peter Sears		
Street Address 64 Kensington CT			Street Address 170 Friendship Street		
City Swansea	State MA	Zip 02777	City Fall River	State MA	Zip 02724
Secretary Name Bree Powers			Treasurer Name Nancy Reverdes		
Street Address 121 Broad Street			Street Address 34 Crapo Street		
City Rehoboth	State MA	Zip 02769	City New Bedford	State MA	Zip 02740
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 Marion DeSa			Director Name Lauren Bealby		
Street Address 200 Brayton Ave			Street Address 273 Highview Ave		
City Somerset	State MA	Zip 02725	City Somerset	State MA	Zip 02726
Director Name Nancy Reverdes			Director Name		
Street Address 34 Crapo Street			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
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 Lauren Bealby				Date 9/19/2024	
Signature of Officer/Authorized Representative <i>Lauren Bealby</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 16 2024
BY *[Signature]*
FORM 631- Revised 12/2023