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

**Annual Report for the year:** 2024
**Non-Profit Corporation**
→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

BLDS MADE NON-SUBSTANTIVE EDITS

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000713047 | 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 | City | State | Zip |
|---|---|---|---|
| 86 Greylock Road | Bristol | RI | 02809 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| **Lauren Bealby** | **9/19/2024** |

Signature of Officer/Authorized Representative: Lauren Bealby

**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

FORM 631- Revised 12/2023