



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$0
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RI SOS MADE NON-SUBSTANTIAL

| | | | |
|--|-----------------|--|--------------------------|
| 1. Entity ID Number 00713047 | | 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.n.gov

OCT 16 2024
BY *Harold*
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