



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: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 OCT 16 PM 4:23:18

1. Entity ID Number 00072729		2. Exact name of the Corporation Portsmouth Business Association, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To encourage and promote business interest in the community			
4. NAICS Code 813910					
6. Principal Office Address Po Box 314			City Newport	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Margaret McGreavy			Vice-President Name Karen Vebber		
Street Address 2628 East Main Rd			Street Address 2628 East Main Rd.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Linda Bohmback			Treasurer Name Kara Marley		
Street Address 207 High Point Ave #2			Street Address 1430 East Main Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael Leverett			Director Name Sandra Dugan		
Street Address 8 Ivy Way			Street Address 125 Quaker Hill LN		
City North Dartmouth	State MA	Zip 02747	City Portsmouth	State RI	Zip 02871
Director Name Lori Marshall			Director Name Nancy Parker Wilson		
Street Address 2537 East Main Rd			Street Address 582 Wapping Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Kara M. Marley					Date 10/9/2024
Signature of Officer/Authorized Representative <i>Kara M. Marley</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 *VRW*

FORM 631- Revised 12/2023