



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 24 2025

Annual Report for the year: 2025

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.

BY 454

1. Entity ID Number 001780176		2. Exact name of the Corporation Friends of BMS Baseball			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FUNDRAISING AND SUPPORT OF A BARRINGTON MIDDLE SCHOOL BASEBALL TEAM.			
4. NAICS Code 813319					
6. Principal Office Address 552 Middle Highway			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name IMRAN MUHAMMAD SALAHUDDIN			Vice-President Name		
Street Address 552 Middle Highway			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name MICHAEL FLORIANI			Treasurer Name MARC COPPOLINO		
Street Address 237 Maple Avenue			Street Address 2 Broadview Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 IMRAN MUHAMMAD SALAHUDDIN			Director Name MARC COPPOLINO		
Street Address 552 Middle Highway			Street Address 2 Broadview Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name MICHAEL FLORIANI			Director Name		
Street Address 237 Maple Avenue			Street Address		
City Barrington	State RI	Zip 02806	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 IMRAN MUHAMMAD SALAHUDDIN/PRESIDENT					Date 2/24/2025
Signature of Officer/Authorized Representative <i>Imran Salahuddin</i>					

MAIL TO:

Division of Business Services

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