State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 454

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.

1. Entity ID Number	2. Exact name of the Corporation
001780176	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	City	State	Zip
552 Middle Highway	Barrington	RI	02806

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

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 ☐

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.

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
IMRAN MUHAMMAD SALAHUDDIN/PRESIDENT	2/24/2025

Signature of Officer/Authorized Representative: Imran Salahuddin

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

FORM 631- Revised: 12/2023