	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S	treet		
	Providence RI 029			
1630	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	ay 1			
	-6-94, each corporation failing prescribed by law (R.I.G.L. 7-6		s	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025				
1. Corporate ID No. 000030346				
2. Name of Corporation Portsmouth High Athletic Booster's Association				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813410</u>				
4. Principal Office Address				
No. and Street: PO	BOX 438			
1.0.	<u>TSMOUTH</u> State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
FUND RAISING ORGANIZATION THAT SUPPORTS ATHLETES AT PORTSMOUTH HIGH SCHOOL				
6. Names and Addresses of	f the Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Ad	ldress	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
TREASURER	LYNN RUDOLPH	44 SISSON POND RD PORTSMOUTH, RI 02871 USA	
SECRETARY	THERESA COLANTUONO	55 MILL LANE PORTSMOUTH, RI 02871 USA	
DIRECTOR	PAIGE GOULART	26 STANTON RD PORTSMOUTH, RI 02871 USA	
DIRECTOR	SUSAN DURANT	230 WAMPANOAG DR PORTSMOUTH, RI 02871 USA	
VICE PRESIDENT	JOSHUA CARLIN	55 SCHOONER DRIVE PORTSMOUTHR, RI 02871 USA	
PRESIDENT	JENNIFER TINGLEY SCHENCK	41 LINDA AVE PORTSMOUTH, RI 02871 USA	
DIRECTOR	JENNIFER COLLINS	554 BOYDS LANE PORTSMOUTH, RI 02871 USA	
DIRECTOR	AMY COURVILLE	76 PLEASANT STREET PORTSMOUTH, RI 02871 USA	
DIRECTOR	DINA KAROUSOS	29 FIELDSTONE DRIVE PORTSMOUTH, RI 02871 USA	
DIRECTOR	MELISSA KINDNESS	32 CAMARA DRIVE PORTSMOUTH, RI 02871 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID F. FOX, ESQ. 850 AQUIDNECK AVENUE, SUITE B-11 MIDDLETOWN, RI 02842

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

Signed this 25 Day of April, 2025 at 11:24:59 AM by the authorized person. *This electronic*

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LYNN RUDOLPH

Signature of Authorized Person

Form No. 631 Revised 09/07

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