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State of Rhode Island
Department of State - Business Services Division

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
001761240	Friends of BMS Softball
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Operation of a middle school softball team.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
10 Briarfield Road	Barrington	RI	02806

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

President Name: Heather Piazza			Vice-President Name: Marissa Moran		
Street Address: 10 Briarfield Road			Street Address: 41 South Meadow Lane		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Erica O'Connell			Treasurer Name: Kimberly Paxton		
Street Address: 55 Ferry Lane			Street Address: 54 South Meadow Lane		
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: Heather Piazza			Director Name: Marissa Moran		
Street Address: 10 Briarfield Road			Street Address: 41 South Meadow Lane		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Director Name: Erica O'Connell			Director Name: Kimberly Paxton		
Street Address: 55 Ferry Lane			Street Address: 54 South Meadow Lane		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

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
Heather Piazza, President	5/29/25

Signature of Officer/Authorized Representative: HPZ

FILED

MAY 30 2025

BY LKS 13553

MAIL TO:
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Website: www.sos.ri.gov