

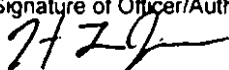
REC'D RIDOS BSD  
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State of Rhode Island  
Department of State - Business Services Division

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<br><b>001761240</b>                                                                                                                                                                           |                 | 2. Exact name of the Corporation<br><b>Friends of BMS Softball</b>                                                                |                                            |                    |                        |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                            |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Operation of a middle school softball team.</b> |                                            |                    |                        |
| 4. NAICS Code<br><b>813319</b>                                                                                                                                                                                    |                 |                                                                                                                                   |                                            |                    |                        |
| 6. Principal Office Address<br><b>10 Briarfield Road</b>                                                                                                                                                          |                 |                                                                                                                                   | City<br><b>Barrington</b>                  | State<br><b>RI</b> | Zip<br><b>02806</b>    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                    |                 |                                                                                                                                   |                                            |                    |                        |
| President Name <b>Heather Piazza</b>                                                                                                                                                                              |                 |                                                                                                                                   | Vice-President Name <b>Marissa Moran</b>   |                    |                        |
| Street Address <b>10 Briarfield Road</b>                                                                                                                                                                          |                 |                                                                                                                                   | Street Address <b>41 South Meadow Lane</b> |                    |                        |
| City <b>Barrington</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02806</b>                                                                                                                  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>       |
| Secretary Name <b>Erica O'Connell</b>                                                                                                                                                                             |                 |                                                                                                                                   | Treasurer Name <b>Kimberly Paxton</b>      |                    |                        |
| Street Address <b>55 Ferry Lane</b>                                                                                                                                                                               |                 |                                                                                                                                   | Street Address <b>54 South Meadow Lane</b> |                    |                        |
| City <b>Barrington</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02806</b>                                                                                                                  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>       |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                                                                                                                                   |                                            |                    |                        |
| Director Name <b>Heather Piazza</b>                                                                                                                                                                               |                 |                                                                                                                                   | Director Name <b>Marissa Moran</b>         |                    |                        |
| Street Address <b>10 Briarfield Road</b>                                                                                                                                                                          |                 |                                                                                                                                   | Street Address <b>41 South Meadow Lane</b> |                    |                        |
| City <b>Barrington</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02806</b>                                                                                                                  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>       |
| Director Name <b>Erica O'Connell</b>                                                                                                                                                                              |                 |                                                                                                                                   | Director Name <b>Kimberly Paxton</b>       |                    |                        |
| Street Address <b>55 Ferry Lane</b>                                                                                                                                                                               |                 |                                                                                                                                   | Street Address <b>54 South Meadow Lane</b> |                    |                        |
| City <b>Barrington</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02806</b>                                                                                                                  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>       |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.                                                                                       |                 |                                                                                                                                   |                                            |                    |                        |
| <b>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.</b>       |                 |                                                                                                                                   |                                            |                    |                        |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>                                 |                 |                                                                                                                                   |                                            |                    |                        |
| Name of Officer/Authorized Representative<br><b>Heather Piazza, President</b>                                                                                                                                     |                 |                                                                                                                                   |                                            |                    | Date<br><b>5/29/25</b> |
| Signature of Officer/Authorized Representative<br>                                                                             |                 |                                                                                                                                   |                                            |                    | <b>FILED</b>           |

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

MAY 30 2025

BY LKS 13553 (FORM 631, Revised 12/2023)