



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000992656

2. Name of Corporation CHS AFJROTC CADET & UNIT BOOSTER

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: #
City or Town: # State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO RAISE AND DISTRIBUTE FUNDS TO SUPPLEMENT THE COVENTRY HIGH SCHOOL AFJROTC RI-081 UNITS EDUCATIONAL AND OPERATION EXPENSES, ENHANCING THE ACADEMIC GROWTUH AND EXPERIENCES OF EVERY CADET ENROLLED IN THE UNIT AND THE UNIT AS A WHOLE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	KAREN RAPOSA	95 WINDSOR PARK DR COVENTRY, RI 02816 US

TREASURER	LISA AVEDISIAN	17 OLD NORTH RD COVENTRY, RI 02816 US
SECRETARY	CANDICE ASSELIN	45 RAWLINSON DR COVENTRY, RI 02816 US
DIRECTOR	KAREN RAPOSA	95 WINDSOR PARK DRIVE COVENTRY, RI 02816 USA
DIRECTOR	LISA AVEDISIAN	17 OLD NORTH ROAD COVENTRY, RI 02816 USA
DIRECTOR	CANDICE ASSELIN	45 RAWLINSON DRIVE COVENTRY, RI 02816 USA

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

CANDICE ASSELIN 45 RAWLINSON DRIVE COVENTRY , RI 02816

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

Signed this 12 Day of June, 2015 at 11:21:02 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 CANDICE M ASSELIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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