RI SOS Filing Number: 202217183150 Date: 5/2/2022 4:00:00 PM



State of Rhode Island

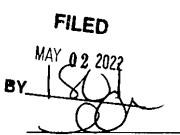
## **Department of State - Business Services Division**

Annual Report for the year:	2022	
Non-Profit Corporation		<del></del>

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



4. Emilia ID Normali	10 E		· · · · · · · · · · · · · · · · · · ·				
1. Entity ID Number	2. Exact name of the Corporation						
28560	Chariho Athletic Association, Inc						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Priovide and Maintains a recreational outdoor facility for the children in Chariho						
4. NAICS Code	Communities. (Softball and Baseball Fields with a small playground)						
813319 - Other Social Advoca							
6. Principal Office Address			City	State	Zip		
1118 Main Street (PO Box	lox 161)		Hope Valley	RI	02832		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Anthony Apice			Vice-President Name Steven Hollister				
Street Address 38 Canonchet Driftway			Street Address 119 Fairview Avenue				
<sup>City</sup> Hope Valley	State RI	<sup>Zip</sup> 02832	<sup>City</sup> Hope Valley	State RI	<sup>Zip</sup> 02832		
Secretary Name Valerie Parenti	Treasurer Name Beverly Ke			nney			
Street Address 8 Sandy Pond Road		Street Address 271 Spring Street					
City Hope Valley	State RI	<sup>Zip</sup> 02832	<sup>City</sup> Rockville	State RI	<sup>7ip</sup> 02873		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Joshua Davis			Director Name Daniel Clarke				
Street Address 47 High Street			Street Address 45 Arcadia Road				
City Ashaway	State RI	<sup>Zip</sup> 02804	City Hope Valley	State RI	<sup>Zip</sup> 02832		
Director Name Thomas Parenti			Director Name				
Street Address 8 Sandy Pond Road			Street Address				
<sup>City</sup> Hope Valley	State RI	<sup>Zip</sup> 02832	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				
Beverly Kenney, Treasurer			4/25/2022				
Signature of Officer/Authorized Representative							
Bevery Lemoly Treasurer							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

(401) 222-3040 e: www.sos.n.gov