



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
 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.

FILED
 MAY 02 2022
 BY *[Signature]*

| | | | | | |
|--|-----------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number 28560 | | 2. Exact name of the Corporation Chariho Athletic Association, Inc | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Provide and Maintains a recreational outdoor facility for the children in Chariho Communities. (Softball and Baseball Fields with a small playground) | | | |
| 4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/> | | | | | |
| 6. Principal Office Address 1118 Main Street (PO Box 161) | | | City Hope Valley | State RI | Zip 02832 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Anthony Apice | | | Vice-President Name Steven Hollister | | |
| Street Address 38 Canonchet Driftway | | | Street Address 119 Fairview Avenue | | |
| City Hope Valley | State RI | Zip 02832 | City Hope Valley | State RI | Zip 02832 |
| Secretary Name Valerie Parenti | | | Treasurer Name Beverly Kenney | | |
| Street Address 8 Sandy Pond Road | | | Street Address 271 Spring Street | | |
| City Hope Valley | State RI | Zip 02832 | City Rockville | State RI | Zip 02873 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Joshua Davis | | | Director Name Daniel Clarke | | |
| Street Address 47 High Street | | | Street Address 45 Arcadia Road | | |
| City Ashaway | State RI | Zip 02804 | City Hope Valley | State RI | Zip 02832 |
| Director Name Thomas Parenti | | | Director Name | | |
| Street Address 8 Sandy Pond Road | | | Street Address | | |
| City Hope Valley | State RI | Zip 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Beverly Kenney, Treasurer | | | | Date 4/25/2022 | |
| Signature of Officer/Authorized Representative <i>Beverly Kenney Treasurer</i> | | | | | |