



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

APR 25 2023
 BY 1658
 RB

- 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 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 Provides 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 Adv					
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 12 South Woods Drive		
City Hope Valley	State RI	Zip 02832	City Wakefield	State RI	Zip 02879
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 4/20/2023	
Signature of Officer/Authorized Representative <i>Beverly Kenney Treasurer</i>					

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