RI SOS Filing Number: 202454584370 Date: 5/9/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 Non-Profit Corporation

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→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		<u> </u>					
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								
4. NAICS Code 813319	Chariho Cor playground)		oftball and Baseball Fields	with a small					
6. Principal Office Address 1118 Main Street (PO Box	x 161)		City Hope Valley	State RI	Zip 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 I		_	Street Address 12South Woods Drive						
^{City} Hope Valley	State RI	^{Zip} 02832	^{City} Wakefield	State RI	^{Zip} 02879				
Secretary Name Valerie Parent	i 		Treasurer Name Beverly Kenney						
Street Address 8 Sandy Pond I	Road		Street Address 271 Spring Street (PO Box 10)						
^{City} Hope Valley	State RI	^{Zip} 02832	^{City} Rockville	State RI	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	^{Zip} 02804	City Hope Valley	State RI	Zip 02832				
Director Name Robin Woodma	insee		Director Name David Woodmansee						
Street Address 227 Richmond	Town House	Road	Street Address 227 Richmond Town House Road						
^{City} Carolina	State RI	^{Zip} 02822	^{City} Carolina	State RI	^{Zip} 02822				
9. The Registered Agent information	on of record with the	he RI Department	of State is accurate. Changes requi	ire 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, Vico-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.									
Name of Officer/Authorized Repre-	Date								
Beverly Kenney, Tre		4/29/2024							
Signature of Officer/Authorized Representative									

MAIL TO:

Division of Business Services

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

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