



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUN 29 PM 12:39

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 128216		2. Exact name of the Corporation Project GOAL, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Project GOAL provides a 100% free afterschool academic enrichment program using soccer training as an incentive for the inner-city youth of Rhode Island.			
4. NAICS Code <u>813110</u>					
6. Principal Office Address 79 Savoy Street		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darius Shirzadi		Vice-President Name None			
Street Address 79 Savoy Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name None		Treasurer Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Peter Whealton		Director Name Javier Centeno			
Street Address 60 Baggly Wrinkle CV		Street Address 644 Main Street			
City Warren	State RI	Zip 02885	City Pawtucket	State RI	Zip 02860
Director Name Opal Alves		Director Name None			
Street Address 21 Elmgrove Ave. #3		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Darius Shirzadi				Date June 28, 2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY Ch 333922 FORM 631 - Revised: 11/2017