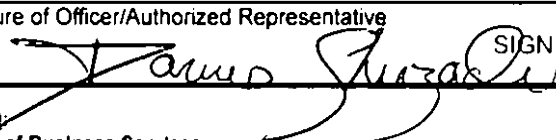
 Department of State - Business Services Division

Annual Report for the year: **2019**  
 Non-Profit Corporation

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 CORPORATIONS DIV

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→ 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 <b>000128216</b>		2. Exact name of the Corporation <b>Project GOAL, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide after school academic enrichment and soccer services for inner city youth.</b>			
4. NAICS Code <b>624110 - Child and Youth Se</b>					
6. Principal Office Address <b>79 Savoy Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Darius Shirzadi</b>			Vice-President Name <b>None</b>		
Street Address <b>79 Savoy Street</b>			Street Address <b>None</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Peter Whealton</b>			Director Name <b>Javier Centeno</b>		
Street Address <b>60 Baggy Wrinkle CV.</b>			Street Address <b>644 Main Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Opal Alves</b>			Director Name <b>None</b>		
Street Address <b>395 Hillside Ave. 1st Flr</b>			Street Address <b>None</b>		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Darius Shirzadi</b>				Date <b>May 31, 2019</b>	
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

**FILED**

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