



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000128216

2. Name of Corporation Project GOAL, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
624110

4. Principal Office Address

No. and Street: 79 SAVOY STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE AFTERSCHOOL PROGRAMS FOR INNER CITY YOUTH FOCUSING ON ACADEMIC ACHIEVEMENT AND PARTICIPATION IN TEAM SPORTS ACTIVITY.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DARIUS SHIRZADI	79 SAVOY ST PROVIDENCE, RI 02906 USA
DIRECTOR	ALEX MITCHELL	86 HAMILTON AVENUE BARRINGTON, RI 02806 USA
OTHER OFFICER	DARIUS SHIRZADI	79 SAVOY STREET PROVIDENCE, RI 02906
DIRECTOR	PETER WHEALTON	60 BAGGY WRINKLE CV WARREN, RI 02885 USA
DIRECTOR	JAVIER CENTENO	644 MAIN STREET PAWTUCKET, RI 02860 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DARIUS SHIRZADI 79 SAVOY STREET PROVIDENCE , RI 02906

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of February, 2023 at 7:22:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DARIUS SHIRZADI
Signature of Authorized Person

Form No. 631
Revised 09/07

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