



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>512237</u>		2. Exact name of the Corporation <u>FAST TRACK</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Youth TRACK & Field Club</u>			
5. Principal office address <u>P.O. Box 23202</u>		City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ERNEST D. FENNELL</u>		Vice-President Name <u>ERIKA D. FENNELL</u>			
Street Address <u>P.O. Box 23202</u>		Street Address <u>P.O. Box 23202</u>			
City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>
Secretary Name <u>DEMETRIUS R FENNELL</u>		Treasurer Name			
Street Address <u>P.O. Box 23202</u>		Street Address			
City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>DEMETRIUS R. FENNELL</u>		Director Name <u>ERIKA D. FENNELL</u>			
Street Address		Street Address <u>P.O. Box 23202</u>			
City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02903</u>	City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name <u>ERNEST D. FENNELL</u>		Director Name			
Street Address <u>P.O. Box 23202</u>		Street Address			
City <u>Prov.</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN - 4 2013

Form No. 631
Revised: 05/2012

BY

CU198572

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.

Signature of Officer

ERNEST D. FENNELL

Print or Type Name

President
Title of Officer

Date

6/4/2013

RECEIVED
2013 JUN - 4 PM 4:10
SECRETARY OF STATE
CORPORATIONS DIV