



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 98221		2. Exact name of the Corporation Central Falls Panthers			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Youth football and cheer organization			
5. Principal office address PO Box 6141		City Central Falls	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel Tavares			Vice-President Name Manny Silva		
Street Address 92 4th Ave			Street Address 2 Parker Street		
City Cranston	State RI	Zip 02910	City Central Falls	State RI	Zip 02863
Secretary Name Kelly Carnighan			Treasurer Name Nicole Golia		
Street Address 51 Baliston Ave			Street Address 102 Prospect Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
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 Nichole Tager			Director Name Bob Pita		
Street Address 51 Greene Street			Street Address 50 Martin Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Director Name Lynda Tavares			Director Name		
Street Address 92 4th Ave			Street Address		
City Cranston	State RI	Zip 02910	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 filing Form 641.					

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

File Date _____
 Check No _____
 By: _____

FILED

JUL 15 2014

FOR SECRETARY OF STATE USE ONLY

By: Daniel Tavares

A.A.

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.

Daniel Tavares 7/15/14
 Signature of Officer or Authorized Representative Date

Daniel Tavares
 Print or Type Name of Officer or Authorized Representative