STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
130800	TEAM PROVIDENCE		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	570 Broad St.	Providence	02907
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

USE THE INTENSE INTEREST IN SPORTS TO REDIRECT THE FOCUS OF YOUNG ATHLETE HOPEFULS.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Curtis E. Spence					
Street Address			Street Address		
66 Mauran St.					
City	State	Zip	City	State	Zip
Cranston	RI	02910			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
George A. Lindsey			Cedric P. Huntley		
Street Address			Street Address		
69 Tanner St.			65 Payton Street		
City	State	Zip	City	State	Zip
Prov.	RI	02907	Providence	RI	02905
Director Name			Director Name		
Carlos R. Rivera			Curtis E. Spence		
Street Address			Street Address		
23 Sibley Street			66 Mauran St.		
City	State	Zip	City	State	Zip
Providence	RI	02907	Cranston	RI	02910

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address		
CURTIS E. SPENCE			
Address	City		Zip
570 BROAD STREET, SUITE 301	PROVIDENCE		02907-

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

[redacted] * 1 3 0 8 0 0 *

File Date 8/26/04
Check No. 426436
By: JMD
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Curtis E. Spence 8.2.04
Signature of Officer *Date*

Curtis E. Spence
Print or Type Name of Officer

Director / President
Title of Officer

Form 631 Rev. 04/04