State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2016

1. Corporate ID No. 000505994

2. Name of Corporation Providence Youth Works

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O RON SWEET
455 CHESTNUT STREET
City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE INSTRUCTION IN THE MARTIAL ARTS SUCH AS AIKIDO AND LAIDO ALSO EXCLUSIVELY FOR CHARITABLE EDUCATIONAL AND SCIETIFIC PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICK TESTA	200 ALLENS AVENUE PROVIDENCE, RI 02903 USA
TREASURER	RON SWEET	455 CHESTNUT STREET

		WARWICK, RI 02888 USA
SECRETARY	EVELINA LAPIERRE	679 COOPER ROAD CHEPACHET, RI 02921 US
DIRECTOR	BRUCE L GILLARD	22 BASIL CROSSING CRANSTON, RI 02901 US
DIRECTOR	SHAWN MCCAFFERTY	92 ELM ST NORTH EASTEN, MA 02356 US
DIRECTOR	JAMES LOWDER	215 PINEGROVE AVE WARWICK, RI 02889 USA

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

RICK TESTA 200 ALLENS AVENUE, BOX 12 PROVIDENCE , RI 02903

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

Signed this 28 Day of June, 2016 at 6:17:51 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 RICK TESTA
Signature of Authorized Person

Form No. 631
Revised 09/07