



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 153033		2. Exact name of the Corporation EWG Sports 4 Kids Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to construct a track complex at Elob Jr./Sr. High School for the health and safety of students & community			
5. Principal Office Address c/o Sharon A. Pelsa, 17 Locust Valley Rd.		City Exeter	State RI	Zip 02822	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Sharon A. Pelsa		Vice-President Name Michael Bullock			
Street Address 17 Locust Valley Rd.		Street Address 14 Rose Dr.			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Betty Andrews		Treasurer Name Theresa Bullock			
Street Address 489 Victory Highway		Street Address 14 Rose Dr.			
City Exeter	State RI	Zip 02817	City Exeter	State RI	Zip 02822
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Deb LaParche		Director Name Sue Gundry			
Street Address 11 Rose Dr.		Street Address 704 Knotty Oak Rd.			
City Exeter	State RI	Zip 02822	City Cventry	State RI	Zip 02816
Director Name Evelyn Anderson		Director Name Rose Pichette			
Street Address 144 Rathburn St.		Street Address 45 Lantern Lane			
City Cventry	State RI	Zip 02816	City North Kingstown	State RI	Zip 02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sharon A. Pelsa (president)				Date 7-25-16	
Signature of Officer/Authorized Representative Sharon A. Pelsa SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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