



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

Foreign Non-Profit
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. 000152197

2. Name of Corporation Hugh O'Brian Youth Leadership

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1184

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 31255 CEDAR VALLEY DRIVE

SUITE 327

City or Town: WESTLAKE VILLAGE

State: CA

Zip: 91362

Country: USA

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

PROVIDES LIFELONG LEADERSHIP DEVELOPMENT OPPORTUNITIES THAT EMPOWER INDIVIDUALS TO ACHIEVE THEIR HIGHEST POTENTIAL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SANOJ STEPHEN	31255 CEDAR VALLEY DR., SUITE 327 WESTLAKE VILLAGE, CA 91362 USA
TREASURER	KRISTIN WINFORD	31255 CEDAR VALLEY DR., SUITE 327 WESTLAKE VILLAGE, CA 91362 USA
SECRETARY	JASON LEWIS	31255 CEDAR VALLEY DR., SUITE 327 WESTLAKE VILLAGE, CA 91362 USA
CEO	JAVIER LAFIANZA	31255 CEDAR VALLEY DR., SUITE 327

		WESTLAKE VILLAGE, CA 91362 USA
DIRECTOR	STEVEN HALL	31255 CEDAR VALLEY DR., SUITE 327 WESTLAKE VILLAGE, CA 91362 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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 7 Day of September, 2016 at 3:54:13 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 JAVIER LAFIANZA
Signature of Authorized Person

Form No. 631
Revised 09/07