

Amended



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

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BUSINESS DIV  
2016 OCT 24 PM 4:13

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 <b>560133</b>		2. Exact name of the Corporation <sup>Pop Warner</sup> <b>OAKWOOD RAIDERS Youth Football &amp; Cheerleading Club</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Youth Football &amp; Cheerleading</b>	
5. Principal Office Address <b>210 West Ave</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John JAVARES</b>		Vice-President Name <b>John Santos</b>	
Street Address <b>539 York Ave</b>		Street Address <b>210 West Ave</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</b>	
Secretary Name <b>Virgin JAVARES</b>		Treasurer Name <b>John Santos</b>	
Street Address <b>539 York Ave</b>		Street Address <b>188 Sisson St</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>John JAVARES</b>		Director Name <b>John Santos</b>	
Street Address <b>539 York Ave</b>		Street Address <b>188 Sisson St</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</b>	
Director Name <b>Virgin JAVARES</b>		Director Name	
Street Address <b>539 York Ave</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Zip <b>02860</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>John JAVARES</b>		Date <b>10/24/16</b>	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

**FILED**

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



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

