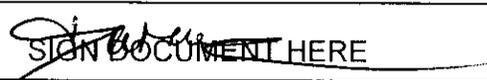




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: ~~2017~~ 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>128216</b>		2. Exact name of the Corporation <b>Project GOAL, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Provide after school academic enrichment and soccer activities to inner-city youth.</b>			
5. Principal Office Address <b>79 Savoy Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Darius Shirzadi</b>			Vice-President Name		
Street Address <b>79 Savoy Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Peter Whealton</b>			Director Name <b>Javier Centeno</b>		
Street Address <b>60 Baggy Wrinkle CV</b>			Street Address <b>644 Main Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Opal Alves</b>			Director Name		
Street Address <b>79 Savoy Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	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>					
<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 <b>Darius Shirzadi</b>				Date <b>January 18, 2017</b>	
Signature of Officer/Authorized Representative 				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

**FILED**

**JAN 18 2017**

By  293406