



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2016
 Non-Profit Corporation

2017 JAN 30 AM 10:46

- 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 <u>9165407</u>		2. Exact name of the Corporation <u>Providence Prospects</u>			
3. State of Incorporation <u>07/28/14</u>		4. Brief description of the character of business conducted in Rhode Island <u>To promote encourage Teach Youth Baseball</u>			
5. Principal Office Address <u>15 Chaffee St</u>			City <u>providence</u>	State <u>RI</u>	Zip <u>02909</u>
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Alex Fernandez</u>			Vice-President Name		
Street Address <u>15 chaffee st</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02909</u>	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 MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>209 Windmill</u>			Director Name <u>Ruby Luna</u>		
Street Address			Street Address <u>43805 Central Station Dr. #415 #416</u>		
City <u>North providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Ashburn</u>	State <u>VA</u>	Zip <u>20147</u>
Director Name <u>Alex Fernandez</u>			Director Name		
Street Address <u>15 chaffee st</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02909</u>	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.					
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 <u>Alex Fernandez</u>				Date <u>1/30/17</u>	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JAN 30 2017

BY 13995234

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