



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016 *amended*

## 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.

 RECEIVED  
 STATE  
 R.I. DEPT. OF  
 BUS. SVCS. DIV.  
 2017 MAR 20 PM 1:31

1. Entity ID Number <b>1099555</b>		2. Exact name of the Corporation <b>OAKWOOD Athletic &amp; Mentor Association</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Youth Sports - Football, basketball -</b>	
5. Principal Office Address <b>210 West Avenue.</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 Tavares</b>		Vice-President Name <b>John Santos</b>	
Street Address <b>535 Roosevelt Ave</b>		Street Address <b>288 Sisson St</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02860</b>	
Secretary Name <b>Daniel Ashworth</b>		Treasurer Name	
Street Address <b>233 Lincoln Ave.</b>		Street Address	
City <b>Smithfield</b>	State <b>RI</b>	City	State
Zip <b>0286</b>		Zip	
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 Tavares</b>		Director Name <b>John Santos</b>	
Street Address <b>535 Roosevelt Ave.</b>		Street Address <b>535 Roosevelt Ave.</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Director Name <b>Daniel Ashworth</b>		Director Name	
Street Address <b>233 Lincoln Ave.</b>		Street Address	
City <b>Smithfield</b>	State <b>RI</b>	City	State
Zip <b>02828</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>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>John Tavares President</b>			Date <b>3/20/17</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 20 2017

By *[Signature]*



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:

March 20, 2017 01:31 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

