



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

amended

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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STATE
R.I. DEPT. OF
BUS. SVCS. DIV.
2017 MAR 20 PM 4:11

1. Entity ID Number 1099555		2. Exact name of the Corporation OAKWOOD Athletic & Mentor Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Youth Sports - Football, basketball -	
5. Principal Office Address 210 West Avenue		City Pawtucket	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Tavares		Vice-President Name John Santos	
Street Address 535 Roosevelt Ave		Street Address 288 Sisson St	
City Central Falls	State RI	City Pawtucket	State RI
Zip 02863		Zip 02860	
Secretary Name Daniel Ashworth		Treasurer Name	
Street Address 233 Lincoln Ave		Street Address	
City Smithfield	State RI	City	State
Zip 0286		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 John Tavares		Director Name John Santos	
Street Address 535 Roosevelt Ave		Street Address 535 Roosevelt Ave	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Director Name Daniel Ashworth		Director Name	
Street Address 233 Lincoln Ave		Street Address	
City Smithfield	State RI	City	State
Zip 02828		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.			
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 John Tavares President			Date 3/20/17
Signature of Officer/Authorized Representative 			

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

FORM 631 - Revised: 02/2017