



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

Annual Report for the year: 2017

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 128216		2. Exact name of the Corporation Project GOAL, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide after school academic enrichment and soccer related activities to inner-city youth.			
4. NAICS Code 81					
6. Principal Office Address 79 Savoy Street		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darius Shirzadi		Vice-President Name None			
Street Address 79 Savoy Street		Street Address None			
City Providence	State RI	Zip 02906	City None	State None	Zip None
Secretary Name None		Treasurer Name None			
Street Address None		Street Address None			
City None	State None	Zip None	City None	State None	Zip None
8. 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 Peter Whealton		Director Name Javier Centeno			
Street Address 60 Baggy Wrinkle CV		Street Address 644 Main Street			
City Warren	State RI	Zip 02885	City Pawtucket	State RI	Zip 02860
Director Name Opal Alves		Director Name None			
Street Address 18 Charles Street		Street Address None			
City East Providence	State RI	Zip 02914	City None	State None	Zip None
9. 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 Darius Shirzadi				Date June 12, 2017	
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

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FORM 631 - Revised: 05/2017