RI SOS Filing Number: 201856583550 Date: 1/22/2018 11:48:00 AM

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

Annual Report for the year: 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	2. Exact name of the Corporation
000161592	The Leone Youth Leadership Foundation
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 713990	Basketball camp, Clinics, Mentoring & Community Events

6. Principal Office Address	City	State	Zip
131 Fordson Ave. #5	Cranston	RI	02910

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Llewellyn Cole	Esther Cole
Street Address: 131 Fordson Ave #5	Street Address: 131 Fordson Ave #5
City: Cranston State: RI. Zip: 02910	City: Cranston State: RI. Zip: 02910
Secretary Name: Brian Speaks	**Treasurer Name:** Frantz Alcindor
Street Address: 180 Juniper Street	Street Address: 91 Burnside Street
City: East Providence State: RI. Zip: 02914	City: Providence State: RI. Zip: 02905

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
Llewellyn Cole	Esther Cole
Street Address: 131 Fordson Ave #5	Street Address: 131 Fordson Ave #5
City: Cranston State: RI. Zip: 02910	City: Cranston State: RI. Zip: 02910
Director Name: Brain Speaks	**Director Name:** Frantz Alcindor
Street Address: 180 Juniper Street	Street Address: 91 Burnside Street
City: East Providence State: RI. Zip: 02914	City: Providence State: RI. Zip: 02905

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.

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	Date
Llewellyn Cole	1/14/18

Signature of Officer/Authorized Representative: Llewellyn Cole SIGN DOCUMENT HERE

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11:48
JAN 22 2018
BY 322353

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

FORM 631 - Revised: 11/2017