RI SOS Filing Number: 201859708310 Date: 3/2/2018 4:00:00 PM

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	2. Exact name of the Corporation
929153	**NORTH END YOUTH SPORTS, INC.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **To instruct boys and girls in the fundamentals of football, cheerleading, good sportsmanship and team spirit**
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
53 Ophelia Street	**Providence**	**RI**	**02909**

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

President Name **Ariel Marmolejos**			Vice-President Name **None**		
Street Address **56 Verndale Avenue**			Street Address		
City **Providence**	State **RI**	Zip **02903**	City	State	Zip
Secretary Name **Lekecia Cox**			Treasurer Name **Martor Biah**		
Street Address **68 Manetta Street, Unit A**			Street Address **53 Ophelia Street**		
City **Providence**	State **RI**	Zip **02904**	City **Providence**	State **RI**	Zip **02908**

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

Director Name **Ariel Marmolejos**			Director Name **Martor Biah**		
Street Address **56 Verndale Avenue**			Street Address **53 Ophelia Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02909**
Director Name **Lekecia Cox**			Director Name		
Street Address **68 Manetta Street, Unit A**			Street Address		
City **Providence**	State **RI**	Zip **02904**	City	State	Zip

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
Martor Biah	2/23/18

Signature of Officer/Authorized Representative: MB

SIGN DOCUMENT HERE

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

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BY 24830 DS

FORM 631 - Revised: 05/2017