



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

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SECRETARY OF STATE
CORPORATIONS DIV.

Annual Report for the year:
Non-Profit Corporation

2018

2018 APR 11 AM 11:07

- 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 001667242		2. Exact name of the Corporation The Providence Kings & Queens United Select	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To function as a non-profit corporation corporation dedicated to teaching the skills of basketball and lessons of sportsmanship to youth & young adults.	
4. NAICS Code 611620			
6. Principal Office Address 235 Grentian Ave. Apt # 7		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Anthony Lindsey		Vice-President Name Danyette Delves	
Street Address 235 Grentian Ave Apt # 7		Street Address 19 Rounds Ave.	
City Providence	State RI	City Providence	State RI Zip 02907
Secretary Name Danyette Delves		Treasurer Name Anthony Lindsey	
Street Address 19 Rounds Ave.		Street Address 235 Grentian Ave Apt # 7	
City Providence	State RI	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 <input type="checkbox"/>			
Director Name Anthony Lindsey		Director Name Danyette Delves	
Street Address 235 Grentian Ave Apt # 7		Street Address 19 Rounds Ave.	
City Providence	State RI	City Providence	State RI Zip 02907
Director Name Sterling Washington		Director Name	
Street Address 57 Judith St.		Street Address	
City Providence	State RI	City	State RI 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 Anthony Lindsey			Date 4/11/18
Signature of Officer/Authorized Representative <i>Anthony Lindsey</i>			

FILED

SIGN DOCUMENT HERE

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BY 328470
A.F.I.