



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 02908 | | 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 02907 | | 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 02908 | | Zip 02907 | |
| Director Name Sterling Washington | | Director Name | |
| Street Address 57 Judith St. | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02909 | | 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

APR 11 2018

BY 328470
A.F.I.