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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 <u>131760</u>		2. Exact name of the Corporation	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>WE ARE SPORTS CLUB HOPE TO SELECT MEMBERS TO PARTICIPATE AND BRINGING YOUTH TO PARTICIPATE IN ALL SPORTS</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>36 MULBERRY ST</u>		City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Joaquim B. Centeio</u>		Vice-President Name <u>JOSE GONSALVES</u>	
Street Address <u>36 MULBERRY ST</u>		Street Address <u>120 CARPENTER ST</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02860</u>
Secretary Name <u>STACEY CENTEIO</u>		Treasurer Name <u>FRANCISCO FERNANDES</u>	
Street Address <u>38 MULBERRY ST</u>		Street Address <u>27 SOUTH BEND ST</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02860</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ANTONIO LOPES</u>		Director Name <u>JOSE RESENDS</u>	
Street Address <u>261 WEEDEN ST</u>		Street Address <u>33 GOFF AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02860</u>
Director Name <u>JOHN GONSALVES</u>		Director Name <u>GEORGE CORREI</u>	
Street Address <u>250 MAIN ST</u>		Street Address <u>47 MINERAL SPRING AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02860</u>
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 <u>Joaquim B. Centeio</u>		Date <u>6/25/2018</u>	
Signature of Officer/Authorized Representative <u>JOAQUIM B. CENTEIO</u>		SIGN DOCUMENT HERE <u>BY C333131 A.A.</u>	