



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

Annual Report for the year: **2018**

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 929153		2. Exact name of the Corporation 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 53 Ophelia Street		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Martor Biah					Date 8.27.18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

SEP 04 2018

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FORM 631 - Revised: 05/2017