

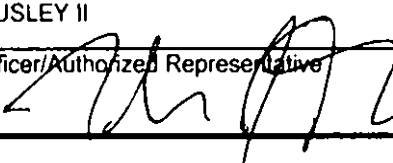


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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STATE
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CORPORATIONS
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1. Entity ID Number 1529603		2. Exact name of the Corporation PROVIDENCE COUNTY WRESTLING CLUB (PCWC)			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PCWC PROVIDES FREE A YEAR ROUND PROGRAM THAT OFFERS POSITIVE OPTIONS AND MENTORS FOR LOW-INCOME YOUTH AGES 6 TO 24. THE RESULT OF THE PROGRAM IS TO BUILD SELF-ESTEEM, DEVELOP/SUSTAIN A HEALTHY LIFESTYLE, AND ACCESS LEARNING OPPORTUNITIES THROUGH THE SPORT OF WRESTLING.			
4. NAICS Code 813990 - Other Similar Organizati					
6. Principal Office Address 135 CLAY STREET			City CENTRAL FALLS	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EUGENE MONTEIRO			Vice-President Name THOMAS J. AUSLEY II		
Street Address 11 MANNING COURT			Street Address 102 BLACKAMORE AVE		
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02910
Secretary Name PATRICIA PENA			Treasurer Name JONATHAN ACOSTA		
Street Address 135 CLAY STREET			Street Address 135 CLAY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 BRANDON WILLIAMS			Director Name CHRISTOPHER COSTA		
Street Address 135 CLAY STREET			Street Address 135 CLAY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Director Name OSCAR RAMIREZ			Director Name		
Street Address 135 CLAY STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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 THOMAS J. AUSLEY II					Date 9/27/2018
Signature of Officer/Authorized Representative 					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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