



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.

RECEIVED  
STATE  
SECRETARY OF  
CORPORATIONS  
2019 MAR 20 PM 2:00

1. Entity ID Number 836655		2. Exact name of the Corporation EAST PROVIDENCE MDHAWKS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island YOUTH SPORTS			
4. NAICS Code 813990					
6. Principal Office Address 78 VINE ST EAST PROV RI		02914	City EAST PROV	State RI	Zip 02914
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DAMIAN RAMOS			Vice-President Name BOBBY LOMBA		
Street Address 78 VINE ST			Street Address 16 SWAN ST		
City EAST PROV	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JAVINA VALES			Treasurer Name MICHAEL NELSON		
Street Address Columbine Rd			Street Address 21 SWEET BRIAR AVE		
City PAWTUCKET	State RI	Zip 02960	City EAST PROV	State RI	Zip 02915
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 DENISE LEMA			Director Name KIMBERLY NELSON		
Street Address 16 Ruth Av			Street Address 21 SWEET BRIAR AVE		
City EAST PROV	State RI	Zip 02915	City EAST PROV	State RI	Zip 02915
Director Name AMY FRESH			Director Name		
Street Address 350 Lloyd ST			Street Address		
City NEWINGTON	State CT	Zip 06111	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.					
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 DAMIAN RAMOS				Date 3/19/2019	
Signature of Officer/Authorized Representative 				FILED	

MAR 20 2019

BY TS6BQ2  
2:00

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov