RI SOS Filing Number: 201990069750 State of Rhode Island and Providence Plantations



## **Department of State - Business Services Division**

Annual Report for the year:	1010
Non-Profit Corporation	· <u>2018                                    </u>

-> 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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2019 APR -8 AMII: 44

Date: 4/8/2019 11:45:00 AM

y r charty. Additional \$20.00 ldc in	on to the mod by bully but			<u>'</u>			
1. Entity ID Number 2. Exact name of the Corporation							
791574	Project 106						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhade Iskno	Purpose of Project 100 15 to cause.						
4. NAICS Code	Support funding the Public school sports						
61110	programs in the city of East Pronounce						
6. Principal Office Address		City	State	Zip			
378 willet	4 Auc PO Bux 15442	ilwerside	8I	056/2			
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name	dent Name Lessica Browdaini		Vice-President Name Ralansaugh				
reel Address Street Address 44 President Ave							
City Livers Ich	State Zip OZAIJ	City Puses cu	State	Zip 02915			
Secretary Name	Gincend	cond Treasurer Name  Sher; I croytto					
Street Address	h 5+	Street Address 4 How Due					
City Eust Pourcine	State Zip CROPKS	City Riversice	State	Zip 62915-			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name  May 5 /	Vagamento	Director Name	کو دیم ، لیم				
Street Address	Field RB	Street Address of windows Street					
City Riversich	State Zip UZ 915	CityRucesian	State	Zip CZ915-			
Director Name Am , Real mouse		Director Name					
10		Street Address					
City Riversile	State Zip CZC	City ·	State	Zıp			
	d. This information is currently of record	in the Department of State. Changes req	uire 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 Repres	entative	— · · · · · · · · · · · · · · · · · · ·	Date				
Jegs : 4 Deanchaine 3/30/19							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE							
FILED							

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

APR 0 8 2019 11:45 VL TN446 FORM 631 - Revised: 03/2019