



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

Annual Report for the year: **2019**
 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.

FILED
 JUL 05 2019
 54625

1. Entity ID Number 137159		2. Exact name of the Corporation Project Change			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <i>Making tennis a positive influence on kids</i>			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 20 Greenough Place			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mario Llano			Vice-President Name Mario Llano		
Street Address P.O. Box 6035			Street Address P.O. Box 6035		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Jerome V. Sweeney, III			Treasurer Name Mario Llano		
Street Address One Dena Drive			Street Address P.O. Box 6035		
City Franklin	State MA	Zip 02038	City Middletown	State RI	Zip 02840
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 Mario Llano			Director Name Edward Shein		
Street Address P.O. Box 6035			Street Address 400 Jacob Street		
City Middletown	State RI	Zip 02842	City Seekonk	State MA	Zip 02842
Director Name Timothy Jeremiah			Director Name Jerome V. Sweeney, III		
Street Address 2 Hanley Farm Road			Street Address One Dena Drive		
City Warren	State RI	Zip 02885	City Franklin	State MA	Zip 02038
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 Mario Llano				Date 6-27-19	
Signature of Officer/Authorized Representative 					

MAIL TO:
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