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

FILED
JUL 0 8 2019
BY 1159

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	2. Exact name of the Corporation
134226	TEAM CERIO OF WARWICK
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: TO SUPPORT AND DEVELOP AMATEUR ATHLETES FOR NATIONAL AND INTERNATIONAL MARTIAL ARTS COMPETITIONS
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
439 SAMUEL GORTON AVE	WARWICK	RI	0299+

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KRISTEN SHEEHAN			Vice-President Name: ROBERT TEIXEIRA		
Street Address: 80 NAKONIS DRIVE			Street Address: 57 LINCOLN PARK AVENUE		
City: WARWICK	State: RI	Zip: 02888	City: CRANSTON	State: RI	Zip: 02920
Secretary Name: JOANNE FAIOLA			Treasurer Name: JOANNE FAIOLA		
Street Address: 439 SAMUEL GORTON AVENUE			Street Address: 439 SAMUEL GORTON AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: KRISTEN SHEEHAN			Director Name: ROBERT TEIXEIRA		
Street Address: 80 NAKONIS DRIVE			Street Address: 57 LINCOLN PARK AVENUE		
City: WARWICK	State: RI	Zip: 02888	City: CRANSTON	State: RI	Zip: 02920
Director Name: JOANNE FAIOLA			Director Name: NONE		
Street Address: 439 SAMUEL GORTON AVENUE			Street Address:		
City: WARWICK	State: RI	Zip: 02889	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	Date
JOANNE FAIOLA	6/28/19

Signature of Officer/Authorized Representative: Joanne Faiola — 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

FORM 631 - Revised: 06/2019