



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
STAMP

Annual Report for the year: 2019 Amended
 Non-Profit Corporation

2019 JUL 19 PM 2:03

- 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 001681925	2. Exact name of the Corporation Rhode Island Sports Union
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island To unify the different sports disciplines with its objective to promote support and develop athletes through various community leaders.
4. NAICS Code 711310	

6. Principal Office Address 34 Mitchell Street Prov. RI 02907	City Providence	State RI	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Jose Elias Ramirez		Vice-President Name Abelardo Hernandez			
Street Address 239 Broadway		Street Address 283 Manton Ave			
City Fall Rivers	State Mass	Zip 02721	City Providence	State RI	Zip 02909
Secretary Name Kennedy Arias		Treasurer Name Pedro Pineda			
Street Address 434 Greenville Ave		Street Address 387 Plainfield St.			
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Kennedy Arias		Director Name Jose Nunez			
Street Address 434 Greenville Ave		Street Address 143 Daniel Ave			
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
Director Name Altagracia Gonzalez		Director Name Erwin R. Pena			
Street Address 434 Greenville Ave		Street Address 18 Tiffany St.			
City Johnston	State RI	Zip 02919	City Prov.	State RI	Zip 02908

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 Kennedy Arias	Date 7/19/19
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Signature of Officer/Authorized Representative Kennedy Arias	SIGN DOCUMENT HERE
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FILED

BY JXH SR
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov