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

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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.

1. Entity ID Number: 929153	2. Exact name of the Corporation: NORTH END YOUTH Sports, INC,
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To instruct boy's + Girls in the fundamentals of Football Cheerleading, good Sportsmanship and team. Spirit.
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
53 Ophelia Street	Providence	RI	02909

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

President Name: Ariel Marmolejos			Vice-President Name: NONE		
Street Address: 56 Verndale AVE			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name: Lekecia Cox			Treasurer Name: Marton Biah		
Street Address: 68 Manetta Street			Street Address: 53 Ophelia Street		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02908

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

Director Name: Ariel Marmolejos			Director Name: Marton Biah		
Street Address: 56 Verndale AVE			Street Address: 53 Ophelia Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02908
Director Name: Lekecia Cox			Director Name:		
Street Address: 68 Manetta Street.			Street Address:		
City: Providence	State: RI	Zip: 02904	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
	9-17-2019

Signature of Officer/Authorized Representative

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SEP 18 2019
BY KL 35N68
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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

FORM 631 - Revised: 03/2019