



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

Annual Report for the year:

Non-Profit Corporation

2019

→ 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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BUS SVCS DIV  
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1. Entity ID Number <b>929153</b>		2. Exact name of the Corporation <b>NORTH END YOUTH Sports, INC.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To instruct boys + Girls in the fundamentals of Football Cheerleading, good Sportsmanship and team spirit.</b>	
4. NAICS Code <b>713990</b>			
6. Principal Office Address <b>53 Ophelia Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Ariel Marmolejos</b>		Vice-President Name <b>NONE</b>	
Street Address <b>56 Verndale AVE</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02903</b>		Zip	
Secretary Name <b>Lekecia Cox</b>		Treasurer Name <b>Martor Biah</b>	
Street Address <b>68 Manetta Street</b>		Street Address <b>53 Ophelia Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02908</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Ariel Marmolejos</b>		Director Name <b>Martor Biah</b>	
Street Address <b>56 Verndale AVE</b>		Street Address <b>53 Ophelia Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02908</b>	
Director Name <b>Lekecia Cox</b>		Director Name	
Street Address <b>68 Manetta Street.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative			Date <b>9-17-2019</b>
Signature of Officer/Authorized Representative 			

FILED

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

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BY **KL 35N68**  
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