



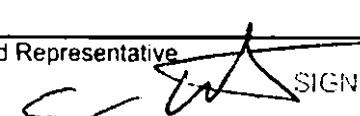
Department of State - Business Services Division

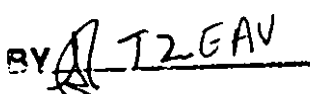
Annual Report for the year: **2019**
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STATE OF RHODE ISLAND
CORPORATE DIVISION

2020 JAN 30 P.1 1:23

1. Entity ID Number 1529603		2. Exact name of the Corporation PROVIDENCE COUNTY WRESTLING CLUB			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PCWC PROVIDES PROGRAMS THAT OFFER POSITIVE OPTIONS FOR LOW-INCOME YOUTH AGE 6-24. THE GOAL OF OUR PROGRAM IS BUILD SELF-ESTEEM, DEVELOPE/ SUSSTAIN A HEALTHY LIFESTYLE, AND ACCESS TO LEARNING THROGH WRESTLING			
4. NAICS Code 624110 - Child and Youth					
6. Principal Office Address 135 CLAY STREET		City CENTRAL FALLS		State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EUGENE MONTEIRO			Vice-President Name THOMAS AUSLEY		
Street Address 135 CLAY ST			Street Address 135 CLAY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name PATRICIA PENA			Treasurer Name JONATHON ACOSTA		
Street Address 135 CLAY ST			Street Address 135 CLAY ST		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 BRANDON WILLIAMS			Director Name CHRIS COSTA		
Street Address 135 CLAY STREET			Street Address 135 CLAY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Director Name AMBER AGUILAR			Director Name LAKIESHA SULLIVAN		
Street Address 135 CLAY STREET			Street Address 135 CLAY ST		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 EUGENE MONTEIRO				Date 1/30/2020	
Signature of Officer/Authorized Representative  SIGN DOCUMENT FILED					

JAN 30 2020
BY  **T. EAV**

1:24