

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year:
Non-Profit Corporation2020

FILED

JUL 16 2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1090 OS

1. Entity ID Number 134226		2. Exact name of the Corporation 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 439 SAMUEL GORTON AVE			City WARWICK	State RI	Zip 0299+
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 JOANNE FAIOLA				Date 07/13/2020	
Signature of Officer/Authorized Representative <i>Joanne Faiola</i>					