



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

FILED

OCT 29 2020

BY

Table - 1007
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Annual Report for the year: **2020**

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 001685398		2. Exact name of the Corporation Do Your Best, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable efforts and activities to prepare your and young adults for life experiences through athletics and team building, and any other lawful purpose			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1790 Warwick Avenue			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name MICHAEL J. MALLOY			Vice-President Name KEILY D. MALLOY		
Street Address 1490 Pippin Orchard Road			Street Address 1490 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name KEILY D. MALLOY			Treasurer Name MICHAEL J. MALLOY		
Street Address 1490 Pippin Orchard Road			Street Address 1490 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name MICHAEL J. MALLOY			Director Name KEILY D. MALLOY		
Street Address 1490 Pippin Orchard Road			Street Address 1490 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name JOSEPH A. LAMAGNA			Director Name		
Street Address 2417 Mendon Road			Street Address		
City Woonsocket	State RI	Zip 02895	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 MICHAEL J. MALLOY, PRESIDENT					Date June 2020
Signature of Officer/Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

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