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

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -1 P 1:04

1. Entity ID Number	2. Exact name of the Corporation		
000153525	NATIONAL POLE VAULT COACHES ASSOCIATION, INC.		
3. Principal Office Address	City	State	Zip
PO BOX 8090	CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
453991	SALE OF ATHLETIC EQUIPMENT AND RELATED EVENTS		
5. State of Incorporation			
RI			

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

President Name ERIC D. FALK			Vice-President Name ERIC D. FALK		
Street Address PO BOX 8090			Street Address PO BOX 8090		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name ERIC D. FALK			Treasurer Name ERIC D FALK		
Street Address PO BOX 8090			Street Address PO BOX 8090		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920

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

Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
ERIC D. FALK	1/22/21

Signature of Authorized Representative
Eric D. Falk

FILED
FEB 01 2021

2D558 A.A.

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 630 - Revised: 10/2011