RI SOS Filing Number: 202189100010 Date: 2/1/2021 4:00:00 PM

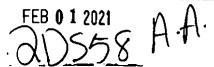
Annual Report for the year: 2021 Corporation			RECEIVED R.I. DEPT. OF STATE EUS SVCS DIV  2021 FEB - 1 P 1: 04				
→ Filing period: January 1 - March 1							
<ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>							
Entity ID Number	2 Exact nan	2 Exact name of the Corporation					
000153525	NATION.	NATIONAL POLE VAULT COACHES ASSOCIATION, INC.					
3. Principal Office Address			City	<del></del>	State	Zip	
PO BOX 8090			CRANSTON	I	RI	02920	
4. NAICS Code	6. Brief desc	ription of the charact	ter of business c	onducted in Rhode	Island		
453991	SALE OF A	THLETIC EQUIPME	INT AND RELAT	ED EVENTS			
5. State of Incorporation							
RI							
7. List ALL officers (names a	and addresses)			Check	the box to inc	licate 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	<sup>Zip</sup> 02920	City CRANSTON		State RI	State RI Zip 02920	
Secretary Name ERIC D. FALK			Treasurer Name ERIC D FALK				
Street Address PO BOX 8090	0			PO BOX 8090			
City CRANSTON	State RI	<sup>Zip</sup> 02920	City CRANSTON		State RI	Z <sub>IP</sub> 02920	
8 List ALL cirectors (names	and addresses)			Checi	the box to inc	dicate an attachment	
Director Name NONE			Director Name				
Street Address			Street Address	•			
City	State	Zip	City		State	Żip	
ecto: Name		Director Name					
Street Address			Street Address				
City	State	Zip	City		State	ζιρ	
9. Shares Authorized		10. Shares lasi	ved	Check	the box to inc	icate an attachment 🔲	
This information is currently of record in the Department of State.		4C R38WUM	NUMBER OF SHARES		CLASSISERIES PAR VALUE		
Changes require an additional filing.		100	100		0.01		
<ol> <li>This report must be executed trustee, this report must be</li> </ol>	cuted on behalf of the executed on behalf o	corporation by an a	uthorized repres	entative. If the corp	oration is in th	e hands of a receiver or	
Under pensity of perjury, i	i declare and affirm	that I have examine	ed this report, in	ncluding any acco	mpanying sci	nedules and	
statements and that all st Name of Authorized Repres	latements contained	l herein are true an	d correct.				
ERIC D. FALK	CHOUTE				Date	in las	
	Macentative		<del></del> _		1 //2	111	
Signature of Authorized Ren	resentativ <del>e</del>		FII FD		-	•	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FILED