



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.

R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -1 PM 1:05

1. Entity ID Number 000074428		2. Exact name of the Corporation BILL FALK'S SCHOOLS, INC.	
3. Principal Office Address PO BOX 8090		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE CLINICS AND SCHOOLS TO TRAIN ATHLETES IN TRACK AND FIELD EVENTS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City CRANSTON	State RI
Zip 02920		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	City CRANSTON	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		200	COMMON
			NONE
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 ERIC D. FALK		Date 1/22/21	
Signature of Authorized Representative 			

FILED

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

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FORM 632 Revised 10/2017