



Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

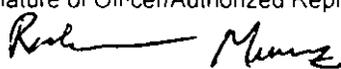
- Filing period June 1 - June 30
- Filing Fee \$20.00
- Penalty. Additional \$25.00 fee if form is not filed by July 30

FILED

FEB 10 2021

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 FEB 10 PM 2:46

1. Entity ID Number 000812191		2. Exact name of the Corporation Beat the Streets Providence			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The mission of Beat the Streets Providence is to put a wrestling mat, team, and coach in every public middle school and high school in Providence in an effort to use the sport of wrestling to develop and empower our youth through a positive afterschool environment.			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address PO Box 2464		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Craig Powell		Vice-President Name Joe Mocco			
Street Address 56 Doublet Hill Road		Street Address 52 Tabor Ave			
City Weston	State MA	Zip 02493	City Providence	State RI	Zip 02906
Secretary Name Steven Keith		Treasurer Name			
Street Address 27 Governor Street Floor 3		Street Address			
City Providence	State RI	Zip 02906	City	State RI	Zip 02864
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 Richard Muniz		Director Name William Watterson			
Street Address 168 Prospect Street Apt 3		Street Address 100 W 93rd Street			
City Providence	State RI	Zip 02906	City New York	State NY	Zip 10025
Director Name Silas Murray		Director Name			
Street Address 103 California Ave		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Richard Muniz				Date 02/03/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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