



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 1681488		2. Exact name of the Corporation Providence Patriots Youth Football and Cheerleading		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Youth Football and Cheerleading		
4. NAICS Code 813319 - Other Social Adv				
6. Principal Office Address 95 Manomet St		City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name Ronald Scott		Vice-President Name Jose Lugo		
Street Address 95 Manomet S		Street Address 44 Longmont St		
City Providence	State RI	Zip 02909	City Providence	State RI Zip 02908
Secretary Name Samantha Castro		Treasurer Name Domonique Pina		
Street Address 44 Longmont St		Street Address 160 Charles Way		
City Providence	State RI	Zip 02908	City Johnston	State RI Zip 02919
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name Ronald Scott		Director Name Jose Lugo		
Street Address 95 Manomet St		Street Address 44 Longmont St		
City Providence	State RI	Zip 02909	City Providence	State RI Zip 02908
Director Name Domonique Pina		Director Name		
Street Address 160 Charles Way		Street Address		
City Johnston	State RI	Zip 02919	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 Ronald Scott			Date 05/18/2021	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE	

FILED

MAY 21 2021

BY Ch 8F2NW

1/3/