State of Rhode Island and Providence Plantations

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.

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BUS SVCS DIV
2021 MAY 21 P 1:29

1. Entity ID Number	2. Exact name of the Corporation
1681488	**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	City	State	Zip
95 Manomet St	**Providence**	**RI**	**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	Date
Ronald Scott	**05/18/2021**

Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE

FILED

MAY 21 2021

BY Ca 8F2NW

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MAIL TO:
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