RI SOS Filing Number: 202198157760 Date: 6/10/2021 4:00:00 PM

State of Rhode Island
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 JUN 10 P 3:15

1. Entity ID Number	2. Exact name of the Corporation
001695730	North End Youth Sport's Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To promote, support, youth football in the Greater Providence area.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
85 Ninth ST	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ariel Marmolejos			Vice-President Name: Fred. Bruno		
Street Address: 56 Verndale Ave			Street Address: 179 Norwood Ave		
City: Providence	State: RI	Zip: 02903	City: Cranston	State: RI	Zip: 02910
Secretary Name: Sandra M. Lincoln			Treasurer Name: Rondie Almeida		
Street Address: P.O. Box 40037			Street Address: 85 Ninth ST		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Martor Biah			Director Name: Sandra M Lincoln		
Street Address: 53 Ophelia ST			Street Address: P.O. Box 40037		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02904
Director Name: Rondie Almeida			Director Name: Lekecia Cox		
Street Address: 85 Ninth ST			Street Address: 66 Corinth ST		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02909

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.

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
Rondie Almeida	6-10-2021

Signature of Officer/Authorized Representative: Rondie Almeida

FILED
JUN 10 2021
BY Chevho

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

FORM 631 - Revised: 08/2020