



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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.

1. Entity ID Number 57475		2. Exact name of the Corporation The Fox Point Boys & Girls Club Alumni Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Alumni Association raises money to help the youth of the Fox Point Boys & Girls Club with programs, scholarships & activities	
4. NAICS Code 624110			
6. Principal Office Address 910 Ives Street		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Roger Amaral		Vice-President Name Anthony Andrade	
Street Address 71 Drowne Street		Street Address 17 Glenwood Avenue	
City Cranston	State RI	City Providence	State RI
Zip 02905		Zip 02916	
Secretary Name Diane Rosa		Treasurer Name John Fortes	
Street Address 114 Symonds Avenue		Street Address 182 Transit Street	
City Warwick	State RI	City Providence	State RI
Zip 02889		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 Donald Senna		Director Name Berth Oliveira	
Street Address 416 Angell Drive		Street Address 63 Branoke Street	
City East Providence	State RI	City Providence	State RI
Zip 02914		Zip 02908	
Director Name Winston Lima		Director Name	
Street Address 10 Aurora Avenue		Street Address	
City Edgewood	State RI	City	State
Zip 02905		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.			
<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 Diane Rosa			Date 06/24/2021
Signature of Officer/Authorized Representative <i>Diane Rosa</i>			

SIGN DOCUMENT HERE

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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