RI SOS Filing Number: 202199135820 Date: 7/7/2021 12:05:00 PM

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

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Annual Report for the year: 2020
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	2. Exact name of the Corporation
57475	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	City	State	Zip
90 Ives Street	Providence	RI	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	Zip: 02905	City: Rumford	State: RI	Zip: 02916
Secretary Name: Diane Rosa			Treasurer Name: John Fortes		
Street Address: 114 Symonds Avenue			Street Address: 182 Transit Street		
City: Warwick	State: RI	Zip: 02889	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: Donald Senna			Director Name: Keith Oliveira		
Street Address: 416 Angell Drive			Street Address: 63 Roanoke Street		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02908
Director Name: Winston Lima			Director Name:		
Street Address: 10 Aurora Avenue			Street Address:		
City: Edgewood	State: RI	Zip: 02905	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
Diane Rosa	06/24/2021

Signature of Officer/Authorized Representative: Diane Rosa — SIGN DOCUMENT HERE

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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: 05/2017