



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

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 BUS SVCS DIV
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- 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 98221		2. Exact name of the Corporation Central Falls Panthers			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 711310		Youth football & cheer organization			
6. Principal Office Address PO Box 205			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Tavares			Vice-President Name Annette Martinez		
Street Address 9 Danneel Rd			Street Address 59 Fales St		
City Vernon	State CT	Zip 06066	City Central Falls	State RI	Zip 02863
Secretary Name Renee Rodrigues			Treasurer Name Cidalia Rodrigues		
Street Address 14 Abbot H St			Street Address 105 Rock Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manny SILVA			Director Name Nichole Tager		
Street Address 2 Parker St			Street Address 51 Greene St		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
Director Name Elizabeth Origue			Director Name		
Street Address 64 Parker St			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Daniel Tavares					Date 7/8/2021
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

FILED

JUL 08 2021
 BY *[Handwritten Signature]* 1:34

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov