



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2018

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL -8 P 1:30

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 Youth football & cheer organization				
4. NAICS Code 711310					
6. Principal Office Address PO Box 205	City Central Falls	State RI	Zip 02863		
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Daniel Tavares	Vice-President Name Annette Martinez				
Street Address 9 Dannel Rd	Street Address 59 Egles St				
City Vernon	State CT	Zip 06066	City Central Falls	State RI	Zip 02863
Secretary Name Renae Rodrigues	Treasurer Name Cidalia Rodrigues				
Street Address 14 Abbott 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. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Manny Silva	Director Name Nichole Taser				
Street Address 2 Parker St	Street Address 51 Groene 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.					
<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 Daniel Tavares				Date 7/8/2021	
Signature of Officer/Authorized Representative M. Tavares					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
08/08/2021
BY H7EV1
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