



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

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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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Daniel Tavares		Vice-President Name Annette Martinez	
Street Address 9 Dannel Rd		Street Address 59 Fales St	
City Vernon	State CT	City Central Falls	State RI
Zip 06066		Zip 02863	
Secretary Name Renae Rodriguez		Treasurer Name Cidalia Rodriguez	
Street Address 14 Abbo H St		Street Address 105 Rock Ave	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02861	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Manny Silva		Director Name Nichole Tager	
Street Address 2 Parker St		Street Address 51 Greene St	
City Central Falls	State RI	City Pawtucket	State RI
Zip 02863		Zip 02860	
Director Name Elizabeth Origue		Director Name	
Street Address 64 Parker St		Street Address	
City Central Falls	State RI	City	State
Zip 02863		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.			
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 Daniel Tavares			Date 7/8/2021
Signature of Officer/Authorized Representative 			

## 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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