



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STATE
DEPT. OF STATE
BUSVCS DIV

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1. Entity ID Number <u>161875</u>		2. Exact name of the Corporation <u>Providence Hispanic Softball Alliance</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO FORM A UNITY THE PRINCIPAL Hispanic Softball Organization TO ensure Uniformity and stable regulation and order the S.F.L</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>84 Oxford Street</u>		City <u>Providence</u>	State <u>R.I.</u>
		Zip <u>02905</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jaim Peguero</u>		Vice-President Name <u>Clemente Carter</u>	
Street Address <u>95 Hamlin St</u>		Street Address <u>39 Clementis St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02907</u>		Zip <u>02909</u>	
Secretary Name <u>Winston Peña</u>		Treasurer Name <u>Ruddy Estrella</u>	
Street Address <u>863 Broad St</u>		Street Address <u>189 Atthera St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02907</u>		Zip <u>02909</u>	
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 <u>Clemente Carter</u>		Director Name <u>Jaim Peguero</u>	
Street Address <u>39 Clementis St</u>		Street Address <u>95 Hamlin St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02909</u>		Zip <u>02907</u>	
Director Name <u>Winston Peña</u>		Director Name	
Street Address <u>863 Broad St</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State
Zip <u>02907</u>		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 <u>Jaim Peguero</u>			Date <u>10/12/2021</u>
Signature of Officer/Authorized Representative			

FILED

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