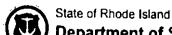
RI SOS Filing Number: 202103042950 Date: 10/12/2021 4:00:00 PM



→ Filing Fee: \$20.00

## **Department of State - Business Services Division**

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Annual Report for the year:	2-21	<u>. آياني</u> ايانياني
Non-Profit Corporation	<u> </u>	3.34
→ Filing period: June 1 - June 30		

SYCO DIV

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-> Penalty: Additional \$25.00 fee if	form is not filed by	July 30.		51 1 m - 11		
1. Entity ID Number	2. Exact name of	the Corporation				
. 16/875	Providence Hispanic Softball Alliance					
State of Incorporation	5. Brief description	on of the characte	er of business conducted in Rhode	Island		
Rt	TO FORM a Unity We Project Poll His Done of 11 11					
4. NAICS Code	I Chicke Bill Held	100 TO	IN 10 10 1 10 10 10 10 10 10 10 10 10 10 1		etal 1:	
813990	regulation	) au (	ordor the S.F.L	· · · · ·	2 ta DII 2	
6. Principal Office Address			City	State	Zip	
SU OXFOID	Street		Prosiderile	マナ	02905	
7. List ALL officers (names and ad	dresses)	<del>-</del>		heck the box to ind	icate an attachment	
President Name Tail Pears			Vice-President Name (V/L Marte Carter			
Street Address 45 Hamlin St		Street Address Cleulantis 5+				
City RIWidoude	State R.J.	Zip (1)2907	City Prusidovde	State +	Zip 0,2909	
Secretary Name Wiston Perio		Treasurer Name				
Street Address 863 Boad St		Street Address 189 Atthex St				
city Privide Lide	State T.	Zip 02007	City Prov	State +	Zip 2909	
8. List ALL directors (names and a			st at least THREE directors.			
				heck the box to ind	cate an attachment	
Director Name			Director Name ROULIVO			
Street Address 39 Cle Martis St		Street Address Hami, w. St				
City	State . T	Zip 02909	City	State P.I	Zip 0 2907	
Director Name  Rewci		Director Name				
Street Address 863 Broad St			Street Address			
CITY PYW	State	7099D	City	State	Zip	
9. The Registered Agent information	on of record with the		of State is accurate. Changes requ	uire filing Form 64	1,	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm that nts contained her	I have examined ein are true and	this report, including any acco	mpanying sched	fules and	
This report must be signed by either the Pre-				ntative, Receiver or Tri		
Name of Officer/Authorized Repres		·		Date		
James Degreso			10/	12/-		
Signature of Officer/Authorized Rep	100 CX(1)				/ /りハワノ	
Signature of Officer/Authorited Rep	pesentative	·-	FILED	120/1	C/2071	

MAIL TO: Division of Business Services

OCT 1 2 2021

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos ri.gov

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