State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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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1. Entity ID Number	2. Exact name of the Corporation
0002a576	The Pawtucket Braves
3. State of Incorporation: RI.	5. Brief description of the character of business conducted in Rhode Island: Youth Football & Cheer
4. NAICS Code: 624110	

6. Principal Office Address	City	State	Zip
139 Dassett Ave.	Pawt.	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robin L. Cossins	Brad Dupont
Street Address: 139 Dassett Ave	Street Address: 90 Revere Sto.
City: Pawt. State: RI. Zip: 02861	City: Pawt. State: RI Zip: 02861
Secretary Name	**Treasurer Name**
Nicole Dupont	Jeffrey P. Cossins
Street Address: 90 Revere Str.	Street Address: 139 Dassett Ave
City: Pawt. State: RI Zip: 02861	City: Pawt. 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 ☐

Director Name	Director Name
Sandra Cheyenne	Mark Lawrence
Street Address: 18 Chaplin Str.	Street Address: 2050 County Rd.
City: Pawt. State: RI Zip: 02861	City: Pawt. State: RI Zip: 02861
Director Name	**Director Name**
Melanie Plante	Barbara Moore
Street Address: 11 Charles Str.	Street Address: 418 Broad Ave.
City: Pawt. State: RI Zip: 02860	City: Pawt. State: RI Zip: 02861

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	Date
Robin L. Cossins	10/20/21
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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FORM 631 - Revised: 08/2020