



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 NOV 15 P 2:36

Annual Report for the year:
Non-Profit Corporation2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 965407		2. Exact name of the Corporation Providence Prospects			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		Baseball Training			
6. Principal Office Address 95 Hathaway Center			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alex Fernandez			Vice-President Name Luis Vicioso		
Street Address 108 Herschel St			Street Address 209 Windmill		
City Providence	State RI	Zip 02909	City North Providence	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Rebex Canastota			Director Name Luis Vicioso		
Street Address 43405 Central Station			Street Address 209 Windmill		
City Ashburn	State VA	Zip 20147	City North Providence	State RI	Zip 02904
Director Name Alex Fernandez			Director Name		
Street Address 108 Herschel St			Street Address		
City Providence	State RI	Zip 02909	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.					
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 Alex Fernandez					Date 11/15/21
Signature of Officer/Authorized Representative 					

FILED

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020