



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUSINESS DIV.

2022 FEB 28 P 1:35

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1529603		2. Exact name of the Corporation PROVIDENCE COUNTY WRESTLING CLUB OF RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MISSION STATEMENT: PROVIDENCE COUNTY WRESTLING CLUB (PCWC) PROVIDES POSITIVE OPTIONS AND MENTORS FOR LOW-INCOME YOUTH AGES 6 TO 24 TO BUILD SELF-ESTEEM, DEVELOP			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address 560 MINERAL SPRING AVE UNIT 5-106B		City PAWTUCKET	State RI	Zip 02860	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name EUGENE MONTEIRO			Vice-President Name PATRICIA PENA		
Street Address C/O 560 MINERAL SPRING AVE UNIT 5-			Street Address C/O 560 MINERAL SPRING AVE UNIT 5-		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name AMBER AGUILAR			Treasurer Name TOM AUSLEY		
Street Address C/O 560 MINERAL SPRING AVE UNIT 5-			Street Address C/O 560 MINERAL SPRING AVE UNIT 5-		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
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 LAKIESHA SULLIVAN			Director Name Patricia Pena		
Street Address 560 MINERAL SPRING AVE UNIT 5-106B			Street Address C/O 560 Mineral Spring Ave Unit 5-106B		
City PAWTUCKET	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Amber Aguilar			Director Name		
Street Address C/O 560 Mineral Spring Ave Unit 5-106B			Street Address		
City Pawtucket	State RI	Zip 02860	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.					
<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 Eugene Monteiro			FILED		Date 2/28/22
Signature of Officer/Authorized Representative 			FEB 28 2022 Y8 X4Z 1:37		

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