



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001719251

2. Name of Corporation South County Giants

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 1340 KINGSTOWN RD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE SPECIFIC PURPOSE OF THIS ORGANIZATION IS TO HELP THE CHILDREN OF THE COMMUNITY. WE WANT TO HELP MOLD THE MINDS AND HELP THEM ACHIEVE THEIR GOALS. THE CHILDREN OF THE COMMUNITY DESERVE TO HAVE THIS OPPURTUNITY, WE HAVE ALL BEEN VICTIM TO QUARENTINE. DUE TO THIS WE BELIEVE THESE CHILDREN DESERVE TO GET OUT AND PARTICIPATE IN A TEAM SPORT, WHILE OBSERVING THE GUIDELINES FOR COVID. CHILDREN ARE OUR FUTURE, THEREFORE WE MUST HELP GUIDE THEM TO THEIR GOALS AND ASPERATIONS. WE WANT TO SHOW THEM THAT WITH HARD WORK AND DETERMINATION, YOU ACHIEVE ANTHING YOU SET YOUR MIND TO. A TEAM SPORT IS IN OUR OPINION THE BEST WAY TO SHOW CHILDREN THAT WORKING TOGETHER WILL HELP YOU EXCEL IN LIFE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	KRISTIAN OMAR MARTINEZ	1340 KINGSTOWN RD WAKEFIELD, RI 02879 USA
INCORPORATOR	DONNA M RIDENS-PERRY	151 CONANICUS RD NARRAGANSETT, RI 02882 USA
DIRECTOR	ASHLEY A FRYE	243 SAND TURN RD WEST KINGSTON, RI 02892 USA
DIRECTOR	MICHAEL D WILSON	18 OAKLAND DR WEST WARWICK, RI 02983 USA
DIRECTOR	KRISTIAN OMAR MARTINEZ	1340 KINGSTOWN RD WAKEFIELD, RI 02879 USA
DIRECTOR	DEIRDRE N MARTINEZ	1340 KINGSTOWN RD WAKEFIELD, RI 02879 USA
DIRECTOR	DONNA M RIDENS-PERRY	151 CONANICUS RD NARRAGANSETT, RI 02882 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KRISTIAN O MARTINEZ 1340 KINGSTOWN RD WAKEFIELD , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of July, 2022 at 8:41:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KRISTIAN MARTINEZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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