



**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. 000503227

2. Name of Corporation Providence Sports and Leadership, Inc.

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

624110

4. Principal Office Address

No. and Street: P.O. BOX 2040

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

TO INSPIRE PROMISING, INNER CITY STUDENT-ATHLETES TO BECOME LEADERS
IN THEIR COMMUNITY. EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,
EDUCATIONAL AND SCIENTIFIC PRUPOSES

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
EXECUTIVE DIRECTOR	PAUL JOSEPH FOX III	100 SEFTON DRIVE CRANSTON, R 02905 USA
DIRECTOR	KENNEDY ARIES	37 BAIN STREET CRANSTON, RI 02920 USA
DIRECTOR	WILLIAM TRAVER FLAHERTY	20 GREY GULL ROAD JAMESTOWN, RI 02835-2808 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**

ISRAEL B. SOLANO 37 ROLLINGWOOD DRIVE JOHNSTON , RI 02919

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

Signed this 1 Day of August, 2022 at 11:49:10 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 WILLIAM T, FLAHERTY
Signature of Authorized Person

Form No. 631
Revised 09/07

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