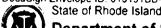
RI SOS Filing Number: 202222419350 Date: 8/24/2022 10:37:00 AM

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State of Rhode Island



## **Department of State - Business Services Division**

Annual Report for the year:	2021
Non-Profit Corporation	

**STAMP** 

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

-> Filing period: February 1 - May 1

Filing Fee \$20.00

Penalty Additional \$25.00 fee if	torm is not tiled b	y May 31.	7977	AUG 24 A 10: 3	1		
Entity ID Number	2. Exact name	2. Exact name of the Corporation					
001707875	Men's Ba	Men's Basketball Alumni Association					
3. State of Incorporation	5. Brief descrip	otion of the charact	ter of business conducted in Rh	node Island			
RI		Civic and social organization designed to provide networking and finanical					
4. NAICS Code	guidance to athletes via mentorship.						
813319 - Other Social Advoca							
6. Principal Office Address	Office Address		City	State	Zip		
6496 Heathsville Road		Enfield	NC	27823			
7. List ALL officers (names and ad-	dresses)		- <del></del>	Check the box to indica	ate an attachment		
President Name Xavier Lewis		Vice-President Name Darren Faust					
Street Address 4378 Paces Pointe Cir SE		Street Address 460 W 147th St Apt 31					
City Smyrna	State GA	<sup>Z<sub>IP</sub></sup> 30080	City New York	State NY	<sup>Zip</sup> 10031		
Secretary Name Laura Gomez	z		Treasurer Name Paul Nicholson				
Street Address 19-22 21st Road		Street Address 6496 Heathsville Road					
<sup>City</sup> Astoria	State NY	<sup>Zip</sup> 11105	<sup>City</sup> Enfield	State NC	<sup>Zip</sup> 27823		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Xavier Lewis		Director Name Paul Nicholson					
Street Address 4378 Paces Pointe Cir SE		Street Address 6496 Heathsville Road					
<sup>City</sup> Smyrna	State GA	<sup>Zip</sup> 30080	<sup>City</sup> Enfield	State NC	<sup>Zıp</sup> 27823		
Director Name Darren Faust		Director Name Laura Gomez					
Street Address 460 W 147th St Apt 31		Street Address 19-22 21st Road					
City New York	State NY	<sup>Zip</sup> 10031	<sup>City</sup> Astoria	State NY	<sup>Zip</sup> 11105		
9. The Registered Agent information	on 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 Paul Nicholson				Date 27July2022			
Signature of Officer/Authorized Rep Faul McLolson	epresentative						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 24 2022

FORM 631 - Revised: 11/2021