



Department of State - Business Services Division

Annual Report for the year: 2021

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 001707875		2. Exact name of the Corporation Men's Basketball Alumni Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Civic and social organization designed to provide networking and financial guidance to athletes via mentorship.			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 6496 Heathsville Road		City Enfield		State NC	Zip 27823
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 30080	City New York	State NY	Zip 10031
Secretary Name Laura Gomez			Treasurer Name Paul Nicholson		
Street Address 19-22 21st Road			Street Address 6496 Heathsville Road		
City Astoria	State NY	Zip 11105	City Enfield	State NC	Zip 27823
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 Xavier Lewis			Director Name Paul Nicholson		
Street Address 4378 Paces Pointe Cir SE			Street Address 6496 Heathsville Road		
City Smyrna	State GA	Zip 30080	City Enfield	State NC	Zip 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	Zip 10031	City Astoria	State NY	Zip 11105
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Paul Nicholson				Date 27 July 2022	
Signature of Officer/Authorized Representative Paul Nicholson				FILED	

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

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BY JOHNIE
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