



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

**2023**

Non-Profit Corporation

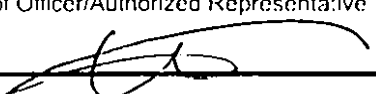
→ Filing period: February 1 - May 1

→ 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

2023 JAN 23 PM 1:52

1. Entity ID Number <b>001679171</b>		2. Exact name of the Corporation <b>ATHLETES TURN CHAMPION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>YOUTH ATHLETIC PROGRAMS AND TRAINING</b>			
4. NAICS Code <b>624110 - Child and Youth Ser</b>					
6. Principal Office Address <b>39 TERRACE AVE</b>			City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT RODERICKS JR</b>			Vice-President Name		
Street Address <b>39 TERRACE AVE</b>			Street Address		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Secretary Name <b>JAMES KARALEKAS</b>			Treasurer Name <b>ROBERT RODERICKS JR</b>		
Street Address <b>39 TERRACE AVE</b>			Street Address <b>39 TERRACE AVE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT RODERICKS JR</b>			Director Name <b>BRANDON WILLIAMS</b>		
Street Address <b>39 TERRACE AVE</b>			Street Address <b>39 TERRACE AVE</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>JAMES KARALEKAS</b>			Director Name		
Street Address <b>39 TERRACE AVE</b>			Street Address		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>ROBERT HASKELL - RESIDENT AGENT</b>				Date <b>12/16/22</b>	
Signature of Officer/Authorized Representative 					

FILED

JAN 23 2023  
BY **DZELLET**

A.A. 2:00 PM.