



State of Rhode Island

Department of State - Business Services Division

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

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

Annual Report for the year: 2019

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.

2023 JAN 23 PM 1:53 2023 JAN -6 PM 1:22

1. Entity ID Number 001679171		2. Exact name of the Corporation ATHLETES TURN CHAMPION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island YOUTH ATHLETIC PROGRAMS AND TRAINING	
4. NAICS Code 624110 - Child and Youth Ser			
6. Principal Office Address 39 TERRACE AVE		City RIVERSIDE	State RI Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT RODERICKS JR		Vice-President Name	
Street Address 39 TERRACE AVE		Street Address	
City RIVERSIDE	State RI	Zip 02915	City State Zip
Secretary Name JAMES KARALEKAS		Treasurer Name ROBERT RODERICKS JR	
Street Address 39 TERRACE AVE		Street Address 39 TERRACE AVE	
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE State RI Zip 02915
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 ROBERT RODERICKS JR		Director Name BRANDON WILLIAMS	
Street Address 39 TERRACE AVE		Street Address 39 TERRACE AVE	
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE State RI Zip 02915
Director Name JAMES KARALEKAS		Director Name	
Street Address 39 TERRACE AVE		Street Address	
City RIVERSIDE	State RI	Zip 02915	City State Zip
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 ROBERT HASKELL - RESIDENT AGENT			Date 12/16/22
Signature of Officer/Authorized Representative 			

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

JAN 23 2023

BY DZBLOT

AA. 1:55 PM

FORM 631 - Revised: 11/2021