



**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:** 2023

**1. Corporate ID No.** 001721637

**2. Name of Corporation** Rhode Island Cricket Academy

**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: 20 BOULDER DR  
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

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

A NON-PROFIT ORGANIZATION COMMITTED TO PROMOTE AND NURTURE YOUTH CRICKET TALENT WITHIN THE STATE OF RHODE ISLAND.

**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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	V S S SEKHAR SWAMY PUPPALA	20 BOULDER DR JOHNSTON, RI 02919 USA
DIRECTOR	ARJUN VASANTHAM MUNIRATHNAM	3399 POST ROAD APT 24 WARWICK, RI 02919 USA
DIRECTOR	AMIT WARAMBHE	66 THOMAS OLNEY CMN PROVIDENCE, RI 02919 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**

V S S SEKHAR SWAMY PUPPALA 20 BOULDER DR 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 9 Day of February, 2023 at 5:18:58 PM 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 V S S SEKHAR SWAMY PUPPALA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved