



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ 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 MAR -6 P 12:47

1. Entity ID Number 001743691		2. Exact name of the Corporation PVD Deportes	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The organization has been created to unity different sport disciplines the opportunity to recreate their minds and bodies.	
4. NAICS Code 611620			
6. Principal Office Address 95 Hamlin St.		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Alexandra Morales		Vice-President Name Shania Peguero	
Street Address 95 Hamlin St.		Street Address 95 Hamlin St.	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
Secretary Name Jaime Peguero		Treasurer Name Luz Morales	
Street Address 95 Hamlin St.		Street Address 301 Cranston St.	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Luz Morales		Director Name Alexandra Morales	
Street Address 95 Hamlin St.		Street Address 95 Hamlin St.	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
Director Name Jaime Peguero		Director Name Shania Peguero	
Street Address 95 Hamlin St.		Street Address 95 Hamlin St.	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
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.			
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 Shania Peguero		Date 3/6/23	
Signature of Officer/Authorized Representative Shania Peguero		FILED MAR 06 2023 BY 9143K3	

MAIL TO:

Division of Business Services

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