



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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RI DEPT. OF STATE
BUS. SVCS.

2023 MAR -6 P 12:47

1. Entity ID Number 161875		2. Exact name of the Corporation Providence Hispanic Softball Alliance	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to form a unity w/ the principal Hispanic softball organization to insure uniformity and establish regulations and order the softball league	
4. NAICS Code 313940			
6. Principal Office Address 84 Oxford St		City Providence	State R.I.
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jaime Peguero		Vice-President Name Clemente Carter	
Street Address 95 Hamlin St		Street Address 39 Clematis St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02907		Zip 02907	
Secretary Name Wiston Peña		Treasurer Name Ruddy Estrella	
Street Address 863 Broad St		Street Address 189 Althea St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02907		Zip 02907	
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 Jaime Peguero		Director Name Clemente Carter	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		Zip	
Director Name Wiston Peña		Director Name Ruddy Estrella	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		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.			
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 Jaime Peguero		Date 3/6/2023	
Signature of Officer/Authorized Representative 		MAR 06 2023 BY 9H13K3	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov