



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2023

→ 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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1. Entity ID Number 001747213		2. Exact name of the Corporation Providence 49ers	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island To Give Children in the STATE + City of Providence The opportunity to learn how to play Football + Cheerleaders	
4. NAICS Code 713940			
6. Principal Office Address 85 Ninth St		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sandra M. Lincoln		Vice-President Name Kevin Mulligan	
Street Address 24 Corliss St P.O. Box 40037		Street Address 128 Harold St	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02908	
Secretary Name Jennifer Tolson		Treasurer Name Rondie Almeida	
Street Address 69 DePinto St		Street Address 85 Ninth St	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02906	
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 Sandra M. Lincoln		Director Name Rondie Almeida	
Street Address 24 Corliss St P.O. Box 40037		Street Address 85 Ninth St	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02908	
Director Name Kevin Mulligan		Director Name Rondie Almeida	
Street Address 128 Harold St		Street Address 85 Ninth St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02906	
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 Rondie Almeida		Date 3/12/23	
Signature of Officer/Authorized Representative <i>Rondie Almeida</i>		FILED 1116	
		MAR 17 2023	
		BY 6V K GY	

MAIL TO:

Division of Business Services

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