



**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. 001703184

2. Name of Corporation Wyld Card Volleyball Corporation

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

711211

4. Principal Office Address

No. and Street: 8 EAGLE DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

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

THE PURPOSE OF WYLD CARD VOLLEYBALL ORGANIZATION IS TO HELP THE VOLLEYBALL COMMUNITY IN RHODE ISLAND GROW. THE BIGGEST GOAL IS TO FUND RHODE ISLAND HIGH SCHOOL PROGRAMS THAT NEED EQUIPMENT. FUNDS WILL BE USED TO HELP TEAMS TRAVEL TO NATIONALS. LASTLY, MONEY WILL BE RAISED TO HELP FAMILIES ADVERSELY AFFECTED BY LIFE EVENTS INSIDE THE VOLLEYBALL COMMUNITY.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	STEVEN SIMMONS	9 GARDNER AVE SALEM, NH 03079 USA
DIRECTOR	MICHELLE GRAMBLEY	8 EAGLE DRIVE COVENTRY, RI 02816 USA
DIRECTOR	RONALD AMORE JR	2 ELMHURST DR GREENVILLE, RI 02828 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

MICHELLE GRAMBLEY 8 EAGLE DRIVE COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of March, 2023 at 12:49:35 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 STEVEN SIMMONS

Signature of Authorized Person

Form No. 631
Revised 09/07

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