RI SOS Filing Number: 202333445480 Date: 4/20/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2023

APR 2 0 2023 8/

-> Filing period: February 1 - May 1 Filing Fee: \$20.00 -> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation				
000066552	EWG Kids				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Providing a track meet for Children in EWG and				
1954	surrounding communities. With the track construction				
4. NAICS Code	completed, we are promoting its use and the sport				
611110	of track. An Alumni Association formed to benefit Elub student				
6. Principal Office Address c/o	Sharon Pelser	City	State	Zip	
17 Locust 1	Ialley RA.	Exeter Exeter	RI	02832	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Sharon	A. Pelser	Vice-President Name	el Bul	Lock	
Street Address LOCUST	Valley Rd	Street Address 14 Rose	Dr.		
City Exeter	State RI. Zip 02822	city Exeter	State RI	Zip 02822_	
Secretary Name Kristen	Parenteau	Treasurer Name Theresa	Bulloc	k	
Street Address 189 Rol	bin Hollow Rd.	Street Address 14 Rose	Dr.		
city west greenwich	State RT Zip 02817	city Exeter	State RI.	Zip 02827	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Jeremy	taylor	Director Name Ruse Pic	chette		
Street Address 83 Heli	en Avc.	Street Address 45 Lant	,	e	
city Coventry	State RT Zip 02816	City North Kingstown	State A.	2ip 02852	
Director Name	undy	Director Name Jeffrey	Parent	eau	
Street Address 704 Knot	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Address Robin H	ollow R	l.	
city Coventry	State RI. Zip 02816	West Greenwich	State RI.	D2-817	
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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres	entative Pelser		Date 4/18/	/ ₂₃	
Signature of Officer/Authorized Representative A. Pelser					
Cyllator 11. Isaac					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov