



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023


Non-Profit Corporation

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

FILED

MAY 01 2023

BY

1. Entity ID Number 1690552		2. Exact name of the Corporation Cranston West Wrestling			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising and Support for the Cranston West Wrestling Team			
4. NAICS Code 624110					
6. Principal Office Address 83 Searle Avenue			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jessica Donnelly			Vice-President Name Michael Pappas		
Street Address 1624 Smith Street			Street Address 171 Harvard Street		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Secretary Name Ron Robert			Treasurer Name Tom Lynch		
Street Address 46 Selma Street			Street Address 83 Searle Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Jessica Donnelly			Director Name Ron Robert		
Street Address 1624 Smith Street			Street Address 46 Selma Street		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Director Name Michael Pappas			Director Name		
Street Address 171 Harvard Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Tom Lynch				Date 04/27/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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