RI SOS Filing Number: 202335069800 Date: 5/1/2023 4:00:00 PM

The state of

## State of Rhode Island

## **Department of State - Business Services Division**

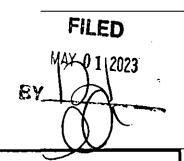
Annual Report for the year: 2023

## **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.



1. Entity ID Number	2. Exact name of the Corporation					
1690552	Cranston West Wrestling					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Fundraising and Support for the Cranston West Wrestling Team					
4. NAICS Code						
624110						
6. Principal Office Address			City	State	Zip	
83 Searle Avenue			Cranston	RI	02920	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Jessica Donnelly			Vice-President Name Michael Pappas			
Street Address 1624 Smith Street			Street Address 171 Harvard Street			
City North Providence	State RI	<sup>Zip</sup> 02911	<sup>City</sup> Cranston	State RI	<sub>Z.p</sub> 02920	
Secretary Name Ron Robert			Treasurer Name Tom Lynch			
Street Address 46 Selma Street			Street Address 83 Searle Avenue			
City Cranston	State RI	<sup>Zıp</sup> 02920	<sup>City</sup> Cranston	State RI	<sup>Zio</sup> 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Jessica Donnelly			Director Name Ron Robert			
Street Address 1624 Smith Street			Street Address 46 Selma Street			
City North Providence	State RI	<sup>Zıp</sup> 02911	<sup>City</sup> Cranston	State RI	<sup>Ζφ</sup> 02920	
Director Name Michael Pappas			Director Name			
Street Address 171 Harvard Street			Street Address			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City	State	Zıp	
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				Date		
Tom Lynch 04/27/2023					3	
Signature of Officer/Authorized Representative						
Jone Lynd						

MAIL TO:

**Division of Business Services** 

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

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