



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.

STAMP

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <u>1724353</u>		2. Exact name of the Corporation <u>located in Basketball: Youth Build UP</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>a youth/college basketball program for kids to work on their skill development. weals run youth &amp; adult leagues &amp; tournaments.</u>	
4. NAICS Code <u>611620</u>			
6. Principal Office Address <u>82 Apulia St.</u>		City <u>East Providence</u>	State <u>RI</u>
		Zip <u>02914</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Malik TAVARES</u>		Vice-President Name <u>Arron Santos</u>	
Street Address <u>82 Apulia St</u>		Street Address <u>8 Hobson Ave</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>East Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02914</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Mihel Blake-Green</u>		Director Name <u>Arron Santos</u>	
Street Address <u>21 Heritage Green Dr</u>		Street Address <u>8 Hobson Ave</u>	
City <u>Fishdale</u>	State <u>MA</u>	City <u>East Prov.</u>	State <u>RI</u>
Zip <u>01518</u>		Zip <u>02914</u>	
Director Name <u>Malik TAVARES</u>		Director Name	
Street Address <u>82 APULIA ST</u>		Street Address	
City <u>EAST PROV.</u>	State <u>RI</u>	City	State
Zip <u>02914</u>		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.			
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 <u>Malik TAVARES</u>			Date
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED 1101

FORM 631- Revised: 04/2023

MAY 22 2023

BY V9WDH