



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

- 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 1724353		2. Exact name of the Corporation locked in basketball: youth Build Up		2023 MAY 22 A 10:59	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island a youth & college skill development program for basketball. we also host leagues & tournaments			
4. NAICS Code 611620					
6. Principal Office Address 82 Apulia St		City east providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name malih TAVARES		Vice-President Name jaron santos			
Street Address 82 Apulia St		Street Address 8 habson ave			
City East Providence	State RI	Zip 02914	City East providence	State RI	Zip 02914
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name mihel-Blake Green		Director Name jaron santos			
Street Address 21 heritage Green Dr		Street Address 8 habson ave			
City Fishdale	State RI	Zip 02914	City E. providence	State RI	Zip 02914
Director Name malih TAVARES		Director Name			
Street Address 82 Apulia St		Street Address			
City East Providence	State RI	Zip 02914	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.					
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 malih TAVARES					Date
Signature of Officer/Authorized Representative 					

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 1100

MAY 22 2023
BY V9WDH

FORM 631- Revised 04/2023