



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023**:** 2023

**1. Corporate ID No.** 001707875

**2. Name of Corporation** Men's Basketball Alumni Association Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 6496 HEATHSVILLE ROAD

City or Town: ENFIELD

State: NC Zip: 27823 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: MEN'S BASKETBALL ALUMNI ASSOCIATION DBA THE BROTHERHOOD IS ORGANIZED AND OPERATED TO FOSTER, MAINTAIN, AND SUPPORT A MUTUALLY BENEFICIAL RELATIONSHIP BETWEEN JWU MEN'S BASKETBALL ALUMNI AND CURRENT ACTIVE PARTICIPANTS (PLAYERS, COACHING STAFF, MANAGERS). THE BOARD OF DIRECTORS, COMPRISED OF JWU MEN'S BASKETBALL ALUMNI, OVERLOOKS THE BROTHERHOOD BY SETTING POLICY, PROVIDING GUIDANCE FOR THE ASSOCIATION'S PROGRAMS AND ACTIVITIES, AND REPRESENTS THE INTERESTS

OF JWU MEN'S BASKETBALL ALUMNI.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	PAUL NICHOLSON	6496 HEATHSVILLE ROAD ENFIELD, NC 27823 USA
DIRECTOR	XAVIER LEWIS	4378 PACES POINT CIR SE SMYRNA, GA 30080 USA
DIRECTOR	LAURA GOMEZ	446 PASSAIC ST HACKENSACK, NJ 07601 USA
DIRECTOR	DARREN FAUST	460 WEST 147TH ST NEW YORK, NY 10031 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of June, 2023 at 1:24:09 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAUL NICHOLSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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