RI SOS Filing Number: 202339617250 Date: 7/20/2023 8:11:00 AM

State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

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. 001697794

2. Name of Corporation The Macko/Karambelas Memorial Basketball Group

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
813990

4. Principal Office Address

No. and Street: 121 LORIMER AVENUE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

TO PLAY PICKUP BASKETBALL ON A WEEKLY BASIS.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT	DAVID MANUEL STEIGMAN	121 LORIMER AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	DAVID MANUEL STEIGMAN	121 LORIMER AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES D. BOWKER	25 PARK AVE CRANSTON, RI 02905 USA
DIRECTOR	DANIEL HOCHBERGER	123 SCHOOL STREET REHOBOTH, MA 02769 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

DAVID STEIGMAN 235 PLAIN STREET, SUITE 306 PROVIDENCE , RI 02905

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

Signed this 20 Day of July, 2023 at 8:13:56 AM 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 DAVID M. STEIGMAN
Signature of Authorized Person

Form No. 631
Revised 09/07