




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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1 Entity ID Number <b>001721504</b>		2 Exact name of the Corporation <b>Sponsor Zone</b>			
3 State of Incorporation <b>Rhode Island</b>		5 Brief description of the character of business conducted in Rhode Island <b>To provide a training camp for outstanding youth runners in Joan of Arc Athletics Club in Dakar, Senegal.</b>			
4 NAICS Code <b>624190</b>					
6 Principal Office Address <b>184 Dora Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Eric E. Lopez</b>			Vice-President Name <b>Oumar Toure</b>		
Street Address <b>184 Dora Street</b>			Street Address <b>7632 Alderwood Ave.</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Eastvale</b>	State <b>CA</b>	Zip <b>92880</b>
Secretary Name <b>Etta Zasloff</b>			Treasurer Name <b>Cheikh Ahmed Tidiane Mbengue</b>		
Street Address <b>12 Karen Drive</b>			Street Address <b>17 Fass Delorme</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Dakar, Senegal</b>	State <b>None</b>	Zip <b>None</b>
8 List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jean Paul Diatta</b>			Director Name <b>Shirley Moore</b>		
Street Address <b>6400 Main Street #15E</b>			Street Address <b>105 Fillmore Street</b>		
City <b>Columbus</b>	State <b>GA</b>	Zip <b>31909</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Khadidiatou Gaye</b>			Director Name <b>None</b>		
Street Address <b>17 Fass Delorme</b>			Street Address <b>None</b>		
City <b>Dakar, Senegal</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Etta L. Zasloff</b>				Date <b>02-01-2024</b>	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3340  
Website: www.sos.ri.gov

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FORM 631- Revised 04/2023