



State of Rhode Island

Department of State - Business Services Division

**Annual Report for the year: 2021**  
**Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 OCT 20 P 2:49

1. Entity ID Number 001664647		2. Exact name of the Corporation Cheer UP Athletics, Ltd.			
3. Principal Office Address 425 WASHINGTON STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island CHEERLEADING TRAINING FACILITY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name THOMAS J. LOPATOSKY JR.			Vice-President Name		
Street Address 425 WASHINGTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name THOMAS J. LOPATOSKY JR.			Treasurer Name THOMAS J. LOPATOSKY JR.		
Street Address 425 WASHINGTON STREET			Street Address 425 WASHINGTON STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name THOMAS J. LOPATOSKY JR.			Director Name		
Street Address 425 WASHINGTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES CWP	PAR VALUE \$1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative THOMAS J. LOPATOSKY JR.				Date 10/18/23	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

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

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BY LKS M1NV5

FORM 630 - Revised: 08/2020