



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 DEC 12 AM 11:12

1. Entity ID Number 943942		2. Exact name of the Corporation Club Charlie			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our program serves over 200 Rhode Island student-athletes. at all levels, We teach football fundamentals children of our community benefits from.			
4. NAICS Code 813110					
6. Principal Office Address 310 Pleasant Valley Parkway			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles L. Brown			Vice-President Name Yulissa M. Brown		
Street Address 310 Pleasant Valley Parkway			Street Address 310 Pleasant Valley Parkway		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Grizzel Clemetson			Treasurer Name Yaritza A. Quezada		
Street Address 75 Pocasset Street, Unit 312			Street Address 171 Russo Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tashaad J. Brown			Director Name Sidney Scott		
Street Address 310 Pleasant Valley Parkway			Street Address 14 Adelaide Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02905
Director Name Leonard R. Brown			Director Name George Tobey		
Street Address 38 Crandall Street			Street Address 14 Adelaide Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02905
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.					
<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 Yulissa M. Brown, Vice President					Date 02/12/2023
Signature of Officer/Authorized Representative 					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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