



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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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 02904
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.

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

Name of Officer/Authorized Representative Yulissa M. Brown, Vice President	Date 02/12/2023
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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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BY ML A2046
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