



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.

MAY 03 2024

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1. Entity ID Number 1690552		2. Exact name of the Corporation Cranston West Wrestling			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising and Support for the Cranston West Wrestling Team			
4. NAICS Code 624110					
6. Principal Office Address 83 Searle Avenue		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrice Jean-Philippe			Vice-President Name Lisa Mancini		
Street Address 12 Eagle Street, Apt 206			Street Address 234 Brettonwoods Drive		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
Secretary Name Melissa Polofsky			Treasurer Name Tom Lynch		
Street Address 3 Pembroke Drive			Street Address 83 Searle Avenue		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
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 Patrice Jean-Philippe			Director Name Lisa Mancini		
Street Address 12 Eagle Street, Apt 206			Street Address 234 Brettonwoods Drive		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
Director Name Melissa Polofsky			Director Name		
Street Address 3 Pembroke Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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 Tom Lynch				Date 4-29-24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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