RI SOS Filing Number: 202454630680 Date: 5/12/2024 4:00:00 PM

State of Rhode Island		hvision.	
Department of State - Business Services Di		FILED	
Annual Report for the year: Non-Profit Corporation	2024	MAY	1 2, 2024
→ Filing period: February 1 - May 1 → Filing Fee: \$20,00		<b>⊙</b> √/	<i>y</i> , -
→ Penalty: Additional \$25.00 fee if	form is not filed by May 31.	<u> </u>	7113)
1. Entity ID Number	2. Exact name of the Corporation		
000066552	EWG Kids, Inc.		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Providing a Summer Track meet for children in		
4. NAICS Code	EWG and surrounding communities, with the		
611110	track construction, complete, we are supporting its use and the sport of track. An Alumni Association was formed to benefit Ewa students.		
6. Principal Office Address C/D	Sharph Pelser	City Carol	State Zip
17 Locust Va	Lley RL.	Exeter	RI. 02822
7. List ALL officers (names and addresses)  Check the box to indicate an attachment of the box to indicate an attachment o			box to indicate an attachment
President Name Shkron A. Pelser		Vice-President Name Michael Bullack	
	ley Rd.	Street Address 14 Rose D	r.
city Exeter	State RI. Zip 12822	city Exeter	State RI. Zip D2823
Secretary Name Kristen	Parenteau	Treasurer Name Theresa	13ullæK
Street Address 189 Robin	Hollow Rd.	Street Address 14 Rose	Dr.
city west Greenwich	State RI. Zip 02817	city Exeter	State RI. Zip Dollar
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment			
Director Name Jeremy Taylor		Director Name Rose Pichetle	
Street Address 82 Helen Ave.		Street Address 45 Lantern Lane	
city Coventry	State RT Zp 62916	Car North Kingstown	State Zp
Director Name			
Street Address		Street Address Robin Hollow Rd.	
Coventry Coventry	State Ton	Cini.	Strain 3 7m
DVENTry RT DASIB WEST GREENWICH PL : 02817; 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.			
- report must be sinned av either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Sharon A. Pelser   5/9/24			
Signature of Officer/Authorized Representating			
Tharm A. Pelser			
AIL TO:			

ivision of Business Services

<sup>18</sup> W. River Street. Providence. Rhode Island 02904-2615

<sup>1:</sup>one: (401) 222-3040 nbsite: www.sos.n.gov