



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.

REC'D RIDOS BSD
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1. Entity ID Number <u>161875</u>		2. Exact name of the Corporation <u>Providence Hispanic Softball Alliance</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To form a unity the Principal Hispanic Softball organization to insure uniform and establish regulation and order the Softball League</u>	
4. NAICS Code <u>313990</u>			
6. Principal Office Address <u>84 Oxford ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jaime Peguero</u>		Vice-President Name <u>Clemente Carter</u>	
Street Address <u>95 Hamlin ST</u>		Street Address <u>39 Clementis ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02902</u>		Zip <u>02902</u>	
Secretary Name <u>Wiston Pena</u>		Treasurer Name <u>Ruddy Estrella</u>	
Street Address <u>863 Broad ST</u>		Street Address <u>Ruddy Estrella</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02902</u>		Zip <u>02902</u>	
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 <u>Jaime Peguero</u>		Director Name <u>Clemente Carter</u>	
Street Address <u>Same as above</u>		Street Address <u>Same as above</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
Director Name <u>Ruddy Estrella</u>		Director Name <u>Wiston Pena</u>	
Street Address <u>Same as above</u>		Street Address <u>Same as above</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
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 <u>Jaime Peguero</u>			Date <u>6/18/2024</u>
Signature of Officer/Authorized Representative <u>Jaime Peguero</u>			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1137
JUN 18 2024
BY ZMORW

FORM 631- Revised: 04/2023