



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001752479

2. Name of Corporation Girl Boxing Club, Inc

3. State of Incorporation

State: CT

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611620

4. Principal Office Address

No. and Street: 9 MARGARET TERRACE

City or Town: WOLCOTT

State: CT

Zip: 06716

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EMPOWER YOUNG GIRLS IN DISADVANTAGED COMMUNITIES THROUGH BOXING
AND OTHER
PHYSICAL ED. PROGRAMS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MARGUERITE FUSCO	9 HANNAH WAY HARWINTON, CT 06791 USA
SECRETARY	TESSA HERBOLD	200 PARKVILLE SOUTHINGTON, MA 01772 USA
DIRECTOR	LEONARD ANCTIL	8 ADAMS ST WESTBOROUGH, MA 01581 USA
DIRECTOR	ALICIA PIKE	8 SWEET APPLE TREE SALISBURY, MA 01952 USA
DIRECTOR	EMILY TYNAN	25 WEST MAIN ST APT 206 WESTBOROUGH, MA 01581 USA
DIRECTOR	STEPHANIE BALLESTEROS	9 MARGARET TERRACE WOLCOTT, CT 06716 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

TESSA HERBOLD 2051 SMITH STREET NORTH PROVIDENCE , RI 02911

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

Signed this 24 Day of June, 2024 at 3:29:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By STEPHANIE BALLESTEROS
Signature of Authorized Person

Form No. 631
Revised 09/07

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