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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.

1. Entity ID Number: 000179353	2. Exact name of the Corporation: Locked in basketball: Youth build up
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: youth skill development for basketball. while also running youth & adult leagues
4. NAICS Code: 611620	
6. Principal Office Address: 82 Aulia St	City: East Providence; State: RI; Zip: 02914

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

President Name: malik Tavares	Vice-President Name: Jarran Santos
Street Address: 82 Aulia St	Street Address: 8 Hobson Ave
City: East Providence; State: RI; Zip: 02914	City: East providence; State: RI; Zip: 02914
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: mihal blabe-Green	Director Name: Jarran santos
Street Address: 21 heritage Green Dr	Street Address: 8 hobson Cve
City: Fishdale; State: ma; Zip: 01518	City: East prov.; State: RI; Zip: 02914
Director Name: malik Tavares	Director Name:
Street Address: 82 Aulia St	Street Address:
City: east prov.; State: RI; Zip: 02914	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: malik Tavares — Date:

Signature of Officer/Authorized Representative: [signature] 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

JUL 18 2024
BY 3VBQY
RS

FORM 631- Revised: 01/2023