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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 001667063		2. Exact name of the Corporation The Official Wrestling Museum	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To honor pro wrestlers/teach the history/show them work w/schools for Anti Bully Rally/help keep kids off the streets	
4. NAICS Code 813920			
6. Principal Office Address 1155 Douglas Ave Unit #329		City North Providence	State RI
		Zip 02904	
Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)			
President Name Dino Ruggiero		Vice-President Name Cheryl Ruggiero	
Street Address 1155 Douglas Ave Unit #329		Street Address 1155 Douglas Ave #329	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Dino Ruggiero		Director Name Cheryl Ruggiero	
Street Address 1155 Douglas Ave Unit #329		Street Address 1155 Douglas Ave #329	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Director Name Marcos Bieh		Director Name	
Street Address 1155 Douglas Ave #329		Street Address	
City North Providence	State RI	City	State
Zip 02904		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Dino Ruggiero			Date 9/27/24
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 27 2024

BY B5BE FORM 631 - Revised: 04/2023
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