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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: 000799368	2. Exact name of the Corporation: USA CHESS KIDS INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: to promote the game of chess
4. NAICS Code: 711211	

6. Principal Office Address: 3402 WEST SHORE Rd — City: WARWICK — State: RI — Zip: 02886

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

President Name: GEORGE E SAMMOUR	Vice-President Name: YANETH MOLINA
Street Address: 3402 WEST SHORE Rd	Street Address: 46 CHALKSTONE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02889
Secretary Name: OLGA ZAMORA	Treasurer Name: MARGARETH HASBUN
Street Address: 3402 WEST SHORE Rd	Street Address: 3402 WEST SHORE Rd
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886

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

Director Name: GEORGE SAMMOUR	Director Name: YANETH MOLINA
Street Address: 3402 WEST SHORE Rd	Street Address: 46 CHALKSTONE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02889
Director Name: ROSANNA MORENO	Director Name: MARGARETH HASBUN
Street Address: 3402 WEST SHORE Rd	Street Address: 3402 WEST SHORE Rd
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02889

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.

FILED
OCT 24 2024
BY VXgmq

Name of Officer/Authorized Representative: GEORGE SAMMOUR — Date: 10/24/24

Signature of Officer/Authorized Representative: [signature]

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

FORM 631- Revised: 01/2023