

REC'D RIDOS BSD  
24 DEC 19 AM 9:13:30



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2023**

**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.

<b>1. Entity ID Number</b> 001693348	<b>2. Exact name of the Corporation</b> Bears Wrestling Club, Inc.				
<b>3. State of Incorporation</b> RI	<b>5. Brief description of the character of business conducted in Rhode Island</b> To promote, expand, and educate young people regarding the sport of amateur wrestling.				
<b>4. NAICS Code</b> 713990					
<b>6. Principal Office Address</b> 235 Hope Street			<b>City</b> Providence	<b>State</b> RI	<b>Zip</b> 02912
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>President Name</b> Kevin McCarthy			<b>Vice-President Name</b>		
<b>Street Address</b> 48 Wilsondale Street			<b>Street Address</b>		
<b>City</b> Dover	<b>State</b> MA	<b>Zip</b> 02030	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Secretary Name</b> Joseph Mocco			<b>Treasurer Name</b>		
<b>Street Address</b> 469 Angell Street, Suite 202			<b>Street Address</b>		
<b>City</b> Providence	<b>State</b> RI	<b>Zip</b> 02906	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>Director Name</b> Serge Brunner			<b>Director Name</b> Kevin McCarthy		
<b>Street Address</b> 6 Espoma Road			<b>Street Address</b> 48 Wilsondale Street		
<b>City</b> Milville	<b>State</b> NJ	<b>Zip</b> 08322	<b>City</b> Dover	<b>State</b> MA	<b>Zip</b> 02030
<b>Director Name</b> Joseph Mocco			<b>Director Name</b>		
<b>Street Address</b> 469 Angell Street, Suite 202			<b>Street Address</b>		
<b>City</b> Providence	<b>State</b> RI	<b>Zip</b> 02906	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.</b>					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
<b>Name of Officer/Authorized Representative</b> Kevin McCarthy			<b>FILED</b>		<b>Date</b> 12/16/2024
<b>Signature of Officer/Authorized Representative</b> 			DEC 19 2024 BY 26858 AM PS		

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