



State of Rhode Island
Department of State - Business Services Division

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

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.

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

MAIL TO:
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