



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.

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1. Entity ID Number <u>543300</u>		2. Exact name of the Corporation <u>Team Providence Athletics</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Provides Academic and Career Support to Innercity Youth through Sports</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>5 Winika Court</u>		City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Carlos Silver</u>		Vice-President Name <u>Jordyn Gauvin</u>	
Street Address <u>29 Christopher Circle</u>		Street Address <u>3565 North Main St</u>	
City <u>Westport</u>	State <u>MA</u>	City <u>Fall River</u>	State <u>MA</u>
Zip <u>02790</u>		Zip <u>02720</u>	
Secretary Name <u>Danielle Gauvin</u>		Treasurer Name <u>Antonia Corsinetti</u>	
Street Address <u>3565 North Main St</u>		Street Address <u>5 Winika Court</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02720</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Walter Gonzalez</u>		Director Name <u>Edwin Gilbert</u>	
Street Address <u>161 Harrison</u>		Street Address <u>2106 California Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02905</u>	
Director Name <u>Willie Dawson</u>		Director Name	
Street Address <u>104 Woodbine St</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		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 <u>[Signature]</u>		FILED	Date
Signature of Officer/Authorized Representative		FEB 26 2025	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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