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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2025
BY 1123

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
001768282	The Collective Group, Ltd.			
3. Principal Office Address		City	State	Zip
1081 Pontiac Avenue		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
999999	Sourcing and facilitating financial compensation for college student athletes in conjunction with NCAA quidelines.			
5. State of Incorporation				
RI				

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

President Name	Street Address	City	State	Zip
Michael Ferranti	1081 Pontiac Avenue	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
Brian Catinella	16 Grotto Avenue, Apt. 4	Providence	RI	02906

Secretary Name	Street Address	City	State	Zip
Mike Higgins	14 Balmoral Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Alex Vescera	92 Locust Avenue	Portsmouth	RI	02871

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000	common	no par value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Michael Ferranti	✓ 2/19/2025

Signature of 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

FORM 630- Revised. 12/2023