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: Michael Ferranti			Vice-President Name: Brian Catinella		
Street Address: 1081 Pontiac Avenue			Street Address: 16 Grotto Avenue, Apt. 4		
City: Cranston	State: RI	Zip: 02920	City: Providence	State: RI	Zip: 02906
Secretary Name: Mike Higgins			Treasurer Name: Alex Vescera		
Street Address: 14 Balmoral Avenue			Street Address: 92 Locust Avenue		
City: Providence	State: RI	Zip: 02908	City: Portsmouth	State: RI	Zip: 02871

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

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