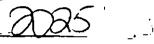
RI SOS Filing Number: 202568118720 Date: 3/24/2025 3:46:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:



Non-Profit Corporation

→ Filing period: February 1 - May 1

N3 0170 	
#20 20 20	
RIDGS STAMP	
Secretary of State	

→ Filing Fee \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		02			
1. Entity ID Number	2. Exact name of						
001732657	Rhody Elite Matia						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
PT	Youth Sports						
4. NAICS Code							
711711							
6. Principal Office Address			City	State	Zip		
8 pine St			Cronster	27	02960		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Julio A. Adorno			Vice-President Name Serry Green				
Street Address 🚓			Street Address /				
3 Pine 5	†	······	6 Lebrun	AVE			
Cranston	State 72_T	Zip 02910	city Wansacket	State K-T	2ip 02895		
Secretary Name Glenda Correttor			Treasurer Name Leignton Ogaldez				
Street Address Opine St			Street Address 190 Atwells Ave				
City Cranston	State IZ-F	Zip 02910	City Providence.	State	Zip 029103		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment							
Director Name			Director Name				
Street Address Str			Street Address				
O Pine >		T_	190 Atwells Ave	T_	r		
cityCrangston	State	^{zio} 02910	City Providence	State	zip D2903		
Director Name Director Name Director Name							
			Street Address				
City Woonsacket	State 2	Zip 02895	City	State	Zıp		
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 Date							
JULIO A Adamo			FILED	3/24/25			
Signature of Officer/Authorized Representative							
Put A Adone MAR 2 4 2025							
MAIL TO:			DV 7/1/95				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631- Revised. 12/2023