



State of Rhode Island
Department of State - Business Services Division

FILED

APR 30 2025

BY

Annual Report for the year: 2025
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 <u>000153033</u>		2. Exact name of the Corporation <u>EWG Sports 4 Kids, Inc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Providing a track meet 4 Tuesdays in July for children in EWG and surrounding communities. With the track built, we provide a safe and healthy activity to promote its use & the track program.</u>	
4. NAICS Code <u>611110</u>			
6. Principal Office Address <u>c/o Sharon Pelser</u> <u>17 Locust Valley Rd.</u>		City <u>Exeter</u>	State <u>RI</u> Zip <u>02822</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Sharon A. Pelser</u>		Vice-President Name <u>Michael Bullock</u>	
Street Address <u>17 Locust Valley Rd.</u>		Street Address <u>14 Rose Dr.</u>	
City <u>Exeter</u>	State <u>RI</u>	City <u>Exeter</u>	State <u>RI</u> Zip <u>02822</u>
Secretary Name <u>Kristen Parenteau</u>		Treasurer Name <u>Theresa Bullock</u>	
Street Address <u>189 Robin Hollow Rd.</u>		Street Address <u>14 Rose Dr.</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>Exeter</u>	State <u>RI</u> Zip <u>02822</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Jeremy Taylor</u> <u>82 Helen Ave.</u>		Director Name <u>Rob Correia</u>	
Street Address <u>82 Helen Ave.</u>		Street Address <u>205 News Rd.</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Exeter</u>	State <u>RI</u> Zip <u>02822</u>
Director Name <u>Sue Grundy</u>		Director Name <u>Jeffrey Parenteau</u>	
Street Address <u>704 Knotty Oak Rd.</u>		Street Address <u>189 Robin Hollow Rd.</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>West Greenwich</u>	State <u>RI</u> Zip <u>02822</u>
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>Sharon A. Pelser</u>			Date <u>4-26-25</u>
Signature of Officer/Authorized Representative <u>Sharon A. Pelser</u>			

MAIL TO:

Division of Business Services

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