State of Rhode Island					FILED	
Department of Sta		s Services D	ivision		APR 3.0 2025	
Annual Report for the year: 2025 Non-Profit Corporation				В	APR 30 202	<u>)-</u>
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		,	00	
1. Entity ID Number	2. Exact name o	f the Corporation		 \		
000153033	EWG	Sports	4 Kids,=	Inc.		
3. State of Incorporation			r of business conduct			- 1 <i>C</i>
RI.	Providing	a track	meet 4 and sur	Tuesdo	ys in J	uly fo
4. NAICS Code	with th	e track	built, we	LOGICA ON	e a sof	e anu
611110		activity	to Promute	its use	& the tra	
6. Principal Office Address c/v	Sharon	~	City		State	Zip
17 Locust	Valley	Rd.	Exeti	er	RI	U28
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Sharon A. Pelser			Vice-President Name	hael	Bulle	xk
Street Address 17 Locust	Valle	1 Rd.	Street Address	Rose	Dr.	
city Exeter	State RI	Zip 62822	city Exet	er	State RI	Zip 62-82
Secretary Name Kristen	Parent	teal	Treasurer Name	nereso	C Bull	Lock
			Street Address 14 Rose Dr.			
city West Greenwich	State RT.	Zip 02817	city Exete	ev .	State RT.	Zip 0282
8. List ALL directors (names and ac	idresses). RI Com	porations MUST lis	t at least THREE dire		e box to indicate an a	attachment[
Director Name 82 Helen Ave.			Director Name Rob Correia			
Street Address			Street Address 205 New Rd.			
Street Address			\\	28 N C		
City Coventry	State RI.	Zip 02816	city Exete		State RI	Zip D2SD

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.

02816

Street Address

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

4-26-25

U282

0282

0282

Signature of Officer/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

Street Address

City