State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001099555

2. Name of Corporation OAKWOOD ATHLETIC AND MENTOR ASSOCIATION

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
713990

4. Principal Office Address

No. and Street: 191 MAURAN AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

YOUTH SPORTS AND MENTORING PROGRAM

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

DIRECTOR	MATTHEW JAMES GILMETE	25 MILES AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOHN LUCIEN TAVARES	1460 DIPLOMAT DR EAST GREENWICH, RI 02818 USA
DIRECTOR	JOHN C SANTOS	155 WARREN AVENUE PAWTUCKET, RI 02860 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MATTHEW GILMETE 210 WEST AVENUE PAWTUCKET , RI 02860

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2025 at 12:28:04 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MATTHEW GILMETE
Signature of Authorized Person

Form No. 631
Revised 09/07